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THIS ITEM RELATES TO ITEM NO. P-1 ON FEBRUARY 9, 2016

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County of Los Angeles
CHIEF EXECUTIVE OFFICE
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
http://ceo.lacounty.gov

SACHI A. HAMAI
Chief Executive Officer

May 9, 2016

To: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Sachi A. Hamai
Chief Executive Officer

REPORT BACK ON DOMESTIC VIOLENCE SERVICES AND HOMELESSNESS (ITEM NO. 8, AGENDA OF FEBRUARY 9, 2016)

This is to provide the Board with a 90-day report on the information requested in the February 9, 2016 Board Motion on Domestic Violence (DV) and Homelessness. The Board directed our Office to work with the Departments of Public Social Services (DPSS), Children and Family Services (DCFS), Health Services (DHS), Mental Health (DMH), Public Health (DPH), the Los Angeles Homeless Services Authority (LAHSA), the Housing Authority of the County of Los Angeles (HACoLA), the Los Angeles County Domestic Violence Council, and homeless and domestic violence service providers (Service Providers) to collect a wide range of information, as described below.

In response to the Board Motion, our Office along with the aforementioned departments (County Team), Domestic Violence Council, and Service Providers, met on two occasions to discuss and review the information related to each of the items in the Board motion. In addition to the County Team identified above, the Los Angeles County Sheriff's Department was included in the second meeting.

The DV Workgroup (Attachment I) concluded that additional work and time is needed to develop a comprehensive response to several of the requested items identified below. Both the full DV Workgroup and a subgroup of the DV Workgroup will continue to work through the summer to address each of the pending items.

Attachments II through VIII provide progress achieved to date on each of the following eight items identified in the Board Motion:

1) An inventory of emergency shelter, bridge housing and transitional housing beds targeted to individuals or families fleeing domestic violence, including information on whether beds are funded by a funding source that is expected or at-risk of ending in the near futures such as McKinney-Vento Homeless Assistance Act funds (Attachment II);

2) A review of current assessment tools and procedures for identifying domestic violence among individuals and families served through DPSS, DCFS, DMH, DHS, DPH, LAHSA, and/or the Homeless Families Solutions System and any recommended strategies if needed to strengthen or create new assessment tools and procedures for some or all of these departments (Attachment III);

3) A review of current procedures to provide appropriate support and linkage to domestic violence services for clients identified as being the victims of domestic violence and any recommended strategies to strengthen or develop new efforts for some or all of these Departments (Attachment III);

4) A description of how the Homeless Initiative's Homeless Prevention Program for Families will serve victims of domestic violence specifically addressing the unique safety needs of this population (Attachment IV);

5) A set of strategies for strengthening collaboration between domestic violence providers and homeless service providers, including the feasibility of a convening to explore and document best practices for restoring families to safety and self-sufficiency (Attachment V);

6) Rental assistance, including rapid re-housing and housing choice vouchers available to victims of domestic violence (Attachment VI);

7) Department of Mental Health programs or efforts to support domestic violence victims (Attachment VII); and

8) Options for increasing funding for Domestic Violence Shelter Based Programs (Attachment VIII).

Additionally, as instructed, the Office of the County Counsel is finalizing a separate response to the Board which will address options for increasing funds collected through marriage license fees, divorce filing fees, and batterer's program fees for domestic

violence shelter-based programs and methods for accurately reporting the amount of funds collected on a quarterly basis. This separate response will also elaborate on options for increasing funding for domestic violence shelter-based programs. County Counsel's report is anticipated in the coming weeks. Unless otherwise directed, the CEO will return to the Board with an update on the Domestic Violence Workgroup's efforts by September 9, 2016.

If you have any questions, please call me or you may contact Phil Ansell, Homeless Initiative Director, at 213-974-1752 or pansell@ceo.lacounty.gov.

SAH:JJ:PA
LC:ef

Attachments

c: Sheriff
Executive Office, Board of Supervisors
County Counsel
Children and Family Services
Domestic Violence Council
Health Services
Housing Authority of the County of Los Angeles
Los Angeles Homeless Services Authority
Mental Health
Public Health
Public Social Services

DOMESTIC VIOLENCE WORKGROUP/SUBGROUP MEMBERS (DV Subgroup members identified by shading)		
Department/Agency	**Representative**	**Title**
Chief Executive Office, Homeless Initiative	Phil Ansell	Director
	Leticia Colchado	Homeless Initiative Team
Los Angeles Homeless Services Authority	Peter Lynn	Executive Director
	Clementina Verjan	Associate Director
	Jessica Reed	Policy and Planning Analyst
Children and Family Services	Roberta Medina	Deputy Director
	Eric Marts	Deputy Director
	Mary Nichols	DV Liaison
County Counsel	Aleen Langton	Principal Deputy County Counsel
Housing Authority of the County of Los Angeles	Emilio Salas	Deputy Executive Director
Mental Health	Robin Kay	Director
	Maria Funk	MH Clinical Program Manager III
	Dolorese Daniel	MH Clinical Program Manager III
	Carrie Esparza	MH Clinical Program Manager III
	Flora Gil Krisiloff	Chief of Justice Programs, Planning and Development
	Lise Ruiz	Program Manager
Health Services	Karen Bernstein	Director, Integrated Programs
Public Health	Ellen Eidem	Director, Office of Women's Health
Public Social Services	Jose Perez	Assistant Director
	Lola Nevarez	Human Services Administrator I
	Dolores Tolentino	Program Assistant
Sheriff	Marjory Jacobs	Lieutenant
	Ralph Webb	Commander
	Suzie Ferrell	Deputy
Community Development Commission	Lynn Katano	Assistant Manager
Domestic Violence Council	Olivia Rodriguez	Executive Director
Neighborhood Legal Services of Los Angeles County	Kate Meiss	Associate Director, Policy Advocacy and Litigation
	Amy Goldman	Attorney, Family Law
Center for the Pacific Asian Family	Debra Suh	Executive Director
	TuLynn Smylie	Administrative Director
Valley Oasis	Carol Crabson	Chief Executive Officer
Los Angeles City Domestic Violence Task Force	Eve Sheedy	Deputy City Attorney
Downtown Women's Center	Amy Turk	Chief Program Officer
	Araceli Patino	Director of Permanent Supportive Housing
OPCC/LAMP Community	Patricia Butler	Director
East Los Angeles Women's Center	Barbara Kappos	Executive Director
Rainbow Services	Elizabeth Eastlund	Executive Director
Violence Prevention Coalition	Billie Weiss	Executive Director
Door of Hope	Tim Peters	Executive Director
	Regina Dupree	Program Manager

1. An inventory of emergency shelter, bridge housing and transitional housing beds targeted to individuals and families fleeing domestic violence, including information on whether the beds are funded by a source that is expected or at risk of ending in the near future, such as McKinney-Vento Homeless Assistance Act funds.

The Los Angeles Homeless Services Authority collaborated with the various county departments and domestic violence service providers that provide the aforementioned forms of shelter and developed the attached comprehensive inventory.

County of Los Angeles Inventory of Programs Serving Survivors of Domestic Violence
Updated May 5, 2016

No.	Organization Name	Project Name	Project Type	Confidential Site? ('X')	City	ZIP	SPA	SD	Bed Type	Household Type	Beds HH w/ Children	Units HH w/ Children	Beds HH w/o Children	Total Beds	McKinney-Vento	Inventory Source ('X')								
																LAHSA HIC 2015	City of LA	DMH	DPSS	CA OES	Glendale CoC	Long Beach CoC	Pasadena CoC	
1	1736 Family Crisis Center	Domestic Violence Shelter-LA 1	ES	X	Los Angeles	90018	SPA 6	SD 2	Facility-based beds	SFHC	5	1	0	5	No	X		X						
2	1736 Family Crisis Center	Domestic Violence Shelter-LA 2	ES	X	Los Angeles	90018	SPA 6	SD 2	Facility-based beds	SFHC	5	1	0	5	No	X		X						
3	1736 Family Crisis Center	South Bay 1 Domestic Violence Shelter	ES	X	Redondo Beach		SPA 8	SD 4	Facility-based beds	SFHC	8	2	4	12	Yes	X		X						
4	1736 Family Crisis Center	Transitional Program-LA 1	TH	X	Los Angeles	90018	SPA 6	SD 2		SMHC	15	3	0	15	Yes	X								
5	1736 Family Crisis Center	Transitional Program-LA 2	TH	X	Los Angeles	90018	SPA 6	SD 2		SFHC	15	3	0	15	No	X								
6	1736 Family Crisis Center	Domestic Violence	TH	X	Long Beach		SPA 8	SD 4		HC	51	17	0	51	Yes			X				X		
7	Asian Pacific Women's Center, Inc.	APWC Transitional Housing Program	TH		Los Angeles	90012	SPA 4	SD 1		SFHC	13	6	0	13	Yes	X								
8	Burbank Housing Corporation	Puerta Nueva Transitional Facility	TH		Burbank	91504	SPA 2	SD 5		SFHC	14	5	0	14	No	X								
9	California Hispanic Commission on Alcohol & Drug Abuse, Inc. (CHCADA)	Pathways Homes	TH		El Monte	91731	SPA 3	SD 1		HC	14	3	0	14	No	X								
10	Casa de Los Angelitos	Casa de Los Angelitos	TH		Harbor City	90710	SPA 8	SD 2		SF	0	0	6	6	No	X								
11	Center for the Pacific Asian Family, Inc.	CPAF Emergency Shelter	ES	X	Los Angeles	90036	SPA 4	SD 3	Facility-based beds	SFHC	45	13	0	45	No	X								
12	Center for the Pacific Asian Family, Inc.	CPAF Transitional Housing Program	TH	X	Los Angeles	90036	SPA 4	SD 3		SFHC	18	7	2	20	Yes	X								
13	Domestic Violence Center of the Santa Clarita Valley	Shelter Resident Services	ES	X	Newhall	91321	SPA 2	SD 5	Facility-based beds	SMF+HC	9	3	0	12	No	X								
14	Door of Hope	Door of Hope	TH			91206	SPA 5			SFHC	56	13	0	56							X			
15	DV Center of Santa Clarita Valley		TH				SPA 2	SD 5						9					X					
16	Good Shepherd Shelter of Los Angeles	Good Shepherd Shelter	TH	X	Los Angeles	90019	SPA 4	SD 2		SFHC	48	12	0	48	No	X								
17	Haven Hills, Inc.	Crisis Shelter	ES	X	Canoga Park	91303	SPA 2	SD 3	Facility-based beds	SFHC	38	6	1	39	No	X								
18	Haven Hills, Inc.	Haven Two Housing and Employment Program	TH	X	Canoga Park	91305	SPA 2	SD 3		SFHC	102	23	0	102	No	X								
19	House of Ruth (Claremont)	Emergency Shelter for Battered Women	ES	X	Claremont	91711	SPA 3	SD 1	Facility-based beds	SFHC	33	11	2	35	No	X								
20	House of Ruth, Inc.			X	Pomona		SPA 3	SD 1						55						X				
21	Immanuel Housing Inc (Formerly Beacon Housing, Inc.)	Casa de Alegria	TH		Los Angeles	90036	SPA 4	SD 3		SMF+HC	14	8	22	36	No	X								
22	Interval House	Emergency Shelter	ES	X	Long Beach		SPA 8	SD 4	Facility-based beds	HC	14	5	0	14	No							X		

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																LAHSA HIC 2015	City of LA	DMH	DPSS	CA OES	Glendale CoC	Long Beach CoC	Pasadena CoC
23	Interval House	Domestic Violence Shelter	TH	X	Long Beach		SPA 8	SD 4	NA	HC	36	6	0	36	Yes						X		
24	Jenesse Center, Inc.	Center for Women and Children, Sites A and B	TH	X	Los Angeles	90008	SPA 6	SD 2		SFHC	74	23	0	74	Yes	X							
25	Jenesse Center, Inc.	Fannie Lou Hamer Emergency Shelter	ES	X	Los Angeles	90008	SPA 6	SD 2	Facility-based beds	SFHC	21	5	0	21	No	X							
26	Jenesse Center, Inc.	Jenesse Educational Center	ES	X	Los Angeles	90008	SPA 6	SD 2	Voucher beds	SFHC	32	23	1	33	No	X							
27	Jewish Family Services of Los Angeles	Family Violence Project/Hope Cottage	TH	X	Sherman Oaks	91423	SPA 2	SD 2		SFHC	20	5	0	20	Yes	X							
28	Jewish Family Services of Los Angeles (10)			X	Pasadena		SPA 3	SD 5						36					X			X	
29	Jewish Family Services of Los Angeles (13)			X	Sherman Oaks		SPA 2	SD 2						74					X				
30	Little House*	Residential Services	TH		Bellflower	90706	SPA 7	SD 4		SF	0	0	28	28	No	X							
31	LTSC Community Development Corporation	Kosumosu Transitional Housing	TH				SPA 4	SD 1		SFHC	24	6	0	24	Yes	X							
32	OPCC	Sojourn - Services for Battered Women and Their Children	TH	X			SPA 5	SD 3		SMF+HC	22	4	0	22	No	X							
33	OPCC	Sojourn Services for Battered Women and Their Children	ES	X	Santa Monica	90404	SPA 5	SD 3	Facility-based beds	SFHC	15	3	15	30	No	X							
34	Rainbow Services, Ltd.			X	San Pedro		SPA 8	SD 4						75					X				
35	Rainbow Services, LTD.	Rainbow House Emergency Shelter	ES	X			SPA 8	SD 4	Facility-based beds	SMF+HC	33	7	2	35	No	X							
36	Restore, A Renewal For Women, Inc. ****	Restore Transitional Housing	TH				SPA 4	SD 2		SFHC	17	6	0	17	No	X							
37	South Asian Helpline & Referral Agency (SAHARA)		TH					SD 4						8				X					
38	Southern California Alcohol and Drug Program, Inc.	Angel Step Inn South - Downey	ES				SPA 7	SD 4	Facility-based beds	SFHC	20	5	12	32	Yes	X							
39	Su Casa - Ending Domestic Violence	Crisis Shelter	ES	X			SPA 7	SD 4	Facility-based beds	SFHC	22	5	0	22	No	X							
40	Su Casa - Ending Domestic Violence	Transitional Housing	TH	X			SPA 7	SD 4		HC	24	4	0	24	No	X							
41	Su Casa Ending Domestic Violence			X	Long Beach		SPA 8	SD 4						46					X		X		
42	The Salvation Army	The Salvation Army SC Division LA Santa Fe Springs TLC	TH				SPA 7	SD 4		HC	116	28	0	116	Yes	X							
43	Valley Oasis (formerly Antelope Valley Domestic Violence Council)	Stepping Into The Light	TH	X			SPA 1	SD 5		SMF+HC	27	9	8	35	Yes	X							
44	Valley Oasis (formerly Antelope Valley Domestic Violence Council)	Stepping Into The Light (Transitional #II)	TH	X			SPA 1	SD 5		SMF	27	7	0	27	No	X							
45	Valley Oasis (formerly Antelope Valley Domestic Violence Council)	Valley Oasis Shelter	ES	X			SPA 1	SD 5	Facility-based beds	SMF+HC	40	4	5	45	Yes	X							

County of Los Angeles Inventory of Programs Serving Survivors of Domestic Violence
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																LAHSA HIC 2015	City of LA	DMH	DPSS	CA OES	Glendale CoC	Long Beach CoC	Pasadena CoC	
46	Women & Children's Crisis Shelter	Women & Children's Crisis Shelter	ES	X			SPA 7	SD 4	Facility-based beds	SFHC	32	7	0	32	No	X								
47	Women Shelter	Women Shelter	ES		Long Beach		SPA 8	SD 4	Facility-based beds	SMF+HC	6	3	2	8	No							X		
48	Women's & Children's Crisis Shelter		TH	X	Whittier		SPA 7	SD 4						28						X				
49	Women Shelter of Long Beach		TH	X	Long Beach		SPA 8	SD 4						29				X		X		X		
50	YWCA Glendale		ES	X	Glendale		SPA 2	SD 5						10						X	X			
51	YWCA of San Gabriel Valley		TH	X	Covina		SPA 3	SD 5						40						X				
52	YWCA of San Gabriel Valley	Transitional Program	TH	X	Covina		SPA 3	SD 5		SFHC	15	3	0	15	No	X								
53	YWCA of San Gabriel Valley	Women in Need Growing Strong (WINGS)	ES	X	Venice		SPA 5	SD 5	Facility-based beds	HC	25	5	1	26	No	X								
54	First To Serve, Inc. ***	House of Dignity 1	TH		Los Angeles	90037	SPA 6	SD 2		SF	0	0	15	15	Yes	X								
55	First To Serve, Inc. ***	House of Dignity 2	TH		Los Angeles	90037	SPA 6	SD 2		HC	15	1	0	15	Yes	X								
56	Rainbow Services, LTD. ***	Villa Paloma Transitional Shelter	TH	X			SPA 8	SD 4		SMF+HC	42	9	2	44	Yes	X								
57	Valley Oasis (formerly Antelope Valley Domestic Violence Council) ***	Oasis House Transitional Housing Program for Victims of Domestic Violence	TH				SPA 1	SD 5		SMF+HC	21	8	0	21	Yes	X								
58	YWCA of San Gabriel Valley**	First 5 LA Rental Assistance	RRH				SPA 3	SD 5		HC	195	65	0	195	No	X								

* Primarily a substance abuse recovery program; need to confirm type of services provided to Survivors of Domestic Violence

** Closed or shifted away from DV focus

*** Funding Reallocated by April 2016

**** Funding Reallocated - November 2016

LEGEND	
ES	Emergency Shelter
TH	Transitional Housing
TS	Transitional Shelter (City Term)
SD	Supervisorial District
CD	Council District
SPA	Service Planning Area
HC	Households with Children
SMF	Single Males and Females
SMF+HC	Single Male and Female Households w/ Children
SFHC	Single Female Households with Children
SM	Single Males
SF	Single Females
SMHC	Single Male Households with Children

2. A review of current assessment tools and procedures for identifying domestic violence among individuals and families served through DPSS, DCFS, LAHSA, DMH,DHS, DPH , the Homeless Families Solutions System, and any recommended strategies if needed to strengthen or create new assessment tools and procedures for some or all of those departments

3. A review of current procedures to provide appropriate support and linkage to domestic violence services for clients identified as being the victims of domestic violence and any recommended strategies to strengthen or develop new efforts for some or all of these Departments;

During the two DV Workgroup meetings, the DV Workgroup reviewed and discussed, at great length, the many opportunities for identification of Domestic Violence within the County mainstream systems and how victims are referred for services. A chart highlighting each Department's screening tool and reason for inquiring about Domestic Violence is included in this response. Additionally, the screening tools used by homeless and domestic violence service providers were also reviewed.

Given the volume of instruments used and diverse reasons for inquiring about domestic violence, and the varying levels of staff that interact with clients, the DV Workgroup concluded that additional work and time is needed to develop a comprehensive response to the items requested above. As such, a subgroup of the DV Workgroup will continue to work through the summer to review and assess Domestic Violence screening/assessment tools, training needs and protocols, the development of a potential countywide prevention approach or framework, and the referral process for identifying and linking victims of domestic violence to services. The first meeting of the subgroup is scheduled for May 24, 2016.

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
DPSS, DCFS, DPH, HACOLA, DMH, DHS

COUNTY DEPT.	FORM USED AND TYPE OF TOOL	SCOPE OF CONVERSATION (WHY ARE QUESTIONS ABOUT DV BEING ASKED)	LEVEL OF STAFF ASKING DV QUESTIONS OR DOING SCREENING	LEVEL OF DV TRAINING PROVIDED TO STAFF INQUIRING ABOUT DV
DPSS	PA 1913, Confidential Domestic Violence Information, screening tool and disclosure of DV	To facilitate discussion around issues of DV and to encourage self-disclosure.	Eligibility, GAIN Services Workers (GSW), and Contracted Case Managers (CCM) conduct the initial screening, if the individual discloses being a victim of DV, the case is immediately transferred to a Specialized Supportive Services (SSS) Worker.	All line staff receive DV Sensitivity and Awareness Training, and SSS staff receive special training with working with victims of DV, such as how DV can interfere with an individual's ability to meet CalWORKs program requirements, informing requirements and the criteria for granting waivers, confidentiality rules and provisions; coordination of services provided through the CalWORKs WtW program.
DPSS	PA 1914, Domestic Violence Information Brochure, and Cal-3, CalWORKs Specialized Supportive Services for Victims of Domestic Violence	Resources to provide applicant/participants	Eligibility, GSWs and CCMs.	
DPSS	On-Line California Appraisal Tool (OCAT)	Assist GAIN staff with helping CalWORKs welfare-to-work participants identify issues of DV and access services.	GSWs and CCMs.	
DCFS	SDM INITIAL SCREENING TOOL – Hotline version	The purpose of this assessment tool is to assist the social worker to determine if there is sufficient information provided to identify if the situation falls within Welfare and Institutions Code (WIC) Section 300 as suspected Child Abuse: Physical abuse, Sexual abuse, Sexual Exploitation, Emotional Abuse, or Neglect including but not limited to forms of Severe Neglect, and/or General Neglect.	A DCFS Children's Social Worker assigned to the Child Protection Hotline Division. This tool is situation specific, as little may be known about the family at the time of the call by the caller (i.e., reporting party).	Annual training is provided on any Child Abuse related Laws by DCFS County Counsel. All hotline staff is retrained periodically on the identification of various forms of abuse, and the identification of questions to help solicit information from a caller to identify the type of abuse, and determine an appropriate response time to investigate the suspected abuse.

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
DPSS, DCFS, DPH, HACOLA, DMH, DHS

COUNTY DEPT.	FORM USED AND TYPE OF TOOL	SCOPE OF CONVERSATION (WHY ARE QUESTIONS ABOUT DV BEING ASKED)	LEVEL OF STAFF ASKING DV QUESTIONS OR DOING SCREENING	LEVEL OF DV TRAINING PROVIDED TO STAFF INQUIRING ABOUT DV
DCFS	SDM – SAFETY ASSESSMENT TOOL	The purpose of this assessment tool is to assist the social worker to make a determination regarding the level of safety of the child and assists in making a decision regarding whether or not the situation and initial evidence meets the WIC 300 threshold to open a case: be it involuntary or voluntary.	A DCFS Children's Social Worker assigned to the Emergency Response function within a Regional Office and/or in the Emergency Response Command Post. For situations in which there is subsequent referral, a Continuing Services Children's Social Worker may be required to investigate and utilize this tool as well. This tool is family specific, but may also highlight specific children within the family if so identified in the referral and revealed within the investigation.	All DCFS Children's Social Workers are trained on the use of the SDM tool series which are utilized throughout the life of a case. Initial training is provided in the academy and then subsequently in their Regional Offices. Periodic refresher training is also available. Training on the assessment of child abuse is also available via periodic refresher courses and via on-site training provided within a regional office.
DCFS	MHST – MENTAL HEALTH SCREENING TOOL	The purpose of this pre-screening tool is to assist the DCFS Social Worker to make an initial assessment of the child's mental health based on observation during the initial stages of the case. If the screen is positive, a referral is made for additional follow up by DMH co-located Clinicians to refer the child for a mental health clinical assessment and linkage to treatment which is medically necessary.	This tool was developed and implemented as part of the KATIE A. Settlement as a means to ensure that every eligible child is promptly referred for an appropriate mental health evaluation and treatment. It is used by DCFS Children's Social Workers during the initial stages of the case AND is used if subsequent observations are made which may warrant a new evaluation of the child's mental health needs. This tool is child and age specific. There is a tool for 0-5 and for children over 5. The MHST provided is the tool for children over 5 as it identifies Domestic Violence specifically.	Training is provided by both DCFS and DMH on the use of this tool. It is part of the DCFS new hire Academy training. At each DCFS office there are specially trained Service Linkage Specialists and Multi-disciplinary Assessment Team liaisons that receive more training on the MHST and can assist the regional DCFS Children's Social Workers as needed. Periodic refresher training is held in each Department.

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
DPSS, DCFS, DPH, HACOLA, DMH, DHS

COUNTY DEPT.	FORM USED AND TYPE OF TOOL	SCOPE OF CONVERSATION (WHY ARE QUESTIONS ABOUT DV BEING ASKED)	LEVEL OF STAFF ASKING DV QUESTIONS OR DOING SCREENING	LEVEL OF DV TRAINING PROVIDED TO STAFF INQUIRING ABOUT DV
DCFS	Multidisciplinary Assessment Team (MAT) Assessment	The purpose is to assess the needs of children and their families as they enter foster care for the purpose of providing the needed supports and services in a timely manner. The conversation on domestic violence is conducted as part of a trauma-informed assessment to identify the child's underlying needs and the parent's capacity to meet these needs. This assessment results in a plan that the child's team formulates to support the child's needs.	The staff asking the questions are mental health assessors from contracted mental health agencies who are either licensed or supervised by a licensed professional to do these assessments.	The assessors are trained via their home agency and are part of broader training on trauma-related mental health needs. There are 50 different community-based mental health agencies that conduct MAT Assessments.
DCFS	Up Front Assessments	The Up-Front Assessment (UFA) provides the DCFS Children's Social Worker with valuable information on an adult's parenting or caregiving capacity. It is to assist in identifying risks in a household due to issues related to mental health, substance abuse, and domestic violence. From the results of the UFA, the DCFS Children's Social Workers are able to refer parents/caregivers to community agencies with expertise in services for mental health, substance abuse, and domestic violence.	Family Preservation Agencies contracted by DCFS complete the UFAs. They are conducted by a licensed clinician, or a Master's level or higher assessor under the supervision of a licensed clinician. This assessment includes the administration of the Behavioral Severity Assessment Program (BSAP) tool—a standardized tool used in other jurisdictions.	A qualified and experienced UFA clinician from one of the Family Preservation agencies provides training for all UFA clinicians or assessors annually. This training is not done by DCFS.
DCFS	Assessment of Domestic Violence	The purpose of this policy is to provide guidance to all Children's Social Workers on the specific aspects of Domestic Violence and it's nexus to Child Abuse. While not all incidents of Domestic Violence are reported to the Child Protection Hotline, those that occur in the presence of the children or where a child may have been involved in the incident should be reported. The existence of Domestic Violence in a home with children may	This guide is accessible on the DCFS policy website and available to all Children's Social Workers in program functions, and to their Supervisors and Managers.	The mandatory training is provided routinely by the DCFS Training academy for all new social workers. The training is a 3-hour comprehensive look at DV dynamics and child welfare practices. The trainers are all DV subject-matter experts. The new hire training also includes four full-day interactive simulation training scenarios. All touch on DV but one

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
DPSS, DCFS, DPH, HACOLA, DMH, DHS

COUNTY DEPT.	FORM USED AND TYPE OF TOOL	SCOPE OF CONVERSATION (WHY ARE QUESTIONS ABOUT DV BEING ASKED)	LEVEL OF STAFF ASKING DV QUESTIONS OR DOING SCREENING	LEVEL OF DV TRAINING PROVIDED TO STAFF INQUIRING ABOUT DV
		be a nexus to other forms of child abuse or neglect. As a result, if a case is opened, the plan for services will include a safe case plan designed for the DV adult victim, children and batterer to address the impact of domestic violence on the family and attempts to identify the underlying source of the conflict.		has DV as the main focus. In addition to the specific DV 3-hour training and the simulation trainings, DV is discussed in many of the other required training components in the new hire Academy. Periodic refresher training for all DCFS staff is also available but not mandatory. The refresher trainings are normally 2 days and include special focus on safety planning and include a panel of experts from first responders to DV advocates.
HACoLA	Referral Tool: Weekly LASD and LBPD 273.5 calls for service for 68 HACoLA sites	The law enforcement (LASD and LBPD) calls for service information report identifies domestic violence victims which are referred to the HACoLA Clinician and Case Managers.	HACoLA Clinician and Case Managers receive the calls for service for follow-up.	HACoLA staff seek in-service training from Domestic Violence Council partners and End Abuse Long Beach.
HACoLA	Assessment Tool: Family Resource Intake Assessment	As part of the intake assessment, the HACoLA Clinician and Case Managers ask questions about domestic violence history and current domestic violence issues.	HACoLA Clinician and Case Managers ask the domestic violence questions.	HACoLA staff seek in-service training from Domestic Violence Council partners and End Abuse Long Beach.
DPH	Domestic Violence Personalized Safety Plan	Used by the Nurse Family Partnership PHNs if they know of violence or if seems appropriate. Could happen at any point of 2.5 year relationship with client, during home visits. Creates a safety plan.	Client and Public Health Nurses	NFP PHNs trained with National Office's training curriculum.
DPH	CPSP Prenatal Combined Assessment/ Reassessment tool	Tool is used as a part of prenatal assessment to identify risks and address health and social problems among pregnant women. Contains some DV questions as part of the assessment.	Medical provider - the physician themselves or often a Comprehensive Perinatal Health Worker, medical assistant or nurse in the office.	Quarterly trainings by the CPSP Clinical Social Work Consultant focused on DV/IPV. Trainings are about 3-4 hours long and also address mandated

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
DPSS, DCFS, DPH, HACOLA, DMH, DHS

COUNTY DEPT.	FORM USED AND TYPE OF TOOL	SCOPE OF CONVERSATION (WHY ARE QUESTIONS ABOUT DV BEING ASKED)	LEVEL OF STAFF ASKING DV QUESTIONS OR DOING SCREENING	LEVEL OF DV TRAINING PROVIDED TO STAFF INQUIRING ABOUT DV
DPH	CPSP Combined Postpartum Assessment tool	Postpartum assessment used to identify risks and address new/ outstanding health and social problems amongst women who just had a baby. Contains some DV questions as a part of the assessment.		reporting. In addition, 1 hour of an initial all-day training on CPSP program is dedicated to IPV training. (Both of the above training curricula are currently suspended due to trainer vacancy. Expect to fill position within 6 months.) Provider must have customized protocols in place to address problems identified in assessment.
DPH	CPSP Danger Assessment tool	Assessment used if provider or clinic staff knows or suspects violence. Reviews and assesses risk factors associated with increased risk of homicide for women and men in violent relationships.	Client and clinic staff	
DPH	Los Angeles Mommy & Baby Survey (LAMB)	Population based survey on a wide variety of health issues given to women who have recently given birth and reside in Los Angeles County. Contains some DV questions as part of the survey.	Self-administered survey mailed to women; occasionally, DPH staff (trained clerks to Epidemiologists) may walk women through survey on the phone.	Training not provided since the surveys are self-administered for the most part.
DPH	LAMB follow-up survey	Follow-up survey given to women that participated in the LAMB survey. Contains some DV questions as part of the survey.		
DPH	Addiction severity index-assessment tool (interview) with DV questions.	Social, health and sexual abuse related questions among people with substance use disorder.	Substance Abuse Community Service Center Assessors – they are required to be certified Substance Use Disorder counselors.	The assessors are required to receive training in administering the tool from their agency, per the agency's contract with DPH.
DPH	Sexually Transmitted Disease Client Health Questionnaire.	Questionnaire administered to clients in Public Health STD clinics. Contains questions on risky behavior and an assessment of intimate partner violence.	Administered by Clinic Nurses, Public Health Investigators, Nurse Practitioner or MD.	Training on form usage is primarily provided by peers. Clinicians received CME training on Sexual Assault and recent training for STD clinical staff on DV.
DPH	Community Health Services (CHS), Targeted Case Management Assessment	Comprehensive assessment administered to clients during home visits for follow-up on communicable diseases. Contains DV/IPV, reproductive coercion and human trafficking screening questions.	Public Health Nurses	New form, still being piloted and revised through June 2016. CHS leadership taught use of form. All CHS staff recently participated in DV training. DPH nursing personnel receive training on DV during orientation.

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
DPSS, DCFS, DPH, HACOLA, DMH, DHS

COUNTY DEPT.	FORM USED AND TYPE OF TOOL	SCOPE OF CONVERSATION (WHY ARE QUESTIONS ABOUT DV BEING ASKED)	LEVEL OF STAFF ASKING DV QUESTIONS OR DOING SCREENING	LEVEL OF DV TRAINING PROVIDED TO STAFF INQUIRING ABOUT DV
DMH	Mental Health Triage; Adult, Child and Specialized Foster Care versions	Questions (prompts) are designed to assess risk/safety concerns for the purpose of determining scheduling priority: • Victim of violence/abuse • Perpetrator of violence/abuse	Any staff approved by program manager	For clinicians there is a licensure requirement of a one-time, two-day training in DV. There is no requirement for non-clinicians.
DMH	Full and Re-Assessments; Adults	Question (prompt) is designed to assess for clinically relevant aspects of psychosocial history, specifically family and relationships: • Domestic violence	Clinician	For clinicians there is a licensure requirement of a one-time, two-day training in DV. There is no requirement for non-clinicians.
DMH	Full and Re-Assessment; Child - Adolescent	Question (prompt) is designed to assess for clinically relevant aspects of developmental milestones, specifically environmental stressors: • Exposure to family conflict/violence	Clinician	For clinicians there is a licensure requirement of a one-time, two-day training in DV. There is no requirement for non-clinicians.
DMH	Co-Occurring Joint Action Council Screening Instrument	Questions are designed to assess for clinically relevant aspects of substance use disorder: • Have you ever been in a relationship where your partner has pushed or slapped you? • Before you were 13, was there any time when you were punched, kicked, choked or received a more serious physical punishment from a parent or other adult?	Can be any staff but typically completed by a clinician as a required part of the Adult Assessment.	For clinicians there is a licensure requirement of a one-time, two-day training in DV. There is no requirement for non-clinicians.
DHS	Staying Healthy Assessment	Required by health plans for Medi-Cal managed care patients at annual physical with primary care provider. Includes 3 questions relevant (though not specific) to DV.	Generally patients fill out form themselves, but some sites have staff help patients go through the form. Patients can also fill it out in advance on the electronic patient portal.	Training not required.
DHS	Strong Start Initiative –MAMA's Neighborhood psychosocial assessment	Intimate Partner Violence questions asked of pregnant women by Perinatal Health Care Coordinators as part of psychosocial assessment at first visit. Repeated at least once per trimester and then once postpartum.	Perinatal Health Care Coordinators (community worker level staff)	Care Coordinators go through initial and periodic trainings to support administration of serial assessments and follow up contacts, including specific training on Intimate Partner Violence and Reporting.

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
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DHS	Outpatient nursing intake	Includes one question relevant to DV – "Has anyone ever hurt or threatened you?" as part of general nursing intake at outpatient clinic visits.	Nursing	See below*
DHS	Domestic violence screening as part of ORCHID	Completed if patient answers Yes to question above during nursing intake.		
DHS	Emergency Department triage	Patients are asked if they were injured by a family member or significant other, or if they feel unsafe at home.		

*DHS Training (with emphasis on Emergency Departments):

Harbor-UCLA: For medical residents, DV awareness is integrated into a number of lectures throughout the year. For nursing staff, the Dept. of Emergency Medicine Nursing Training Program includes a 1.5 hour lecture on intimate partner violence.

Olive View: for medical residents, training on domestic violence recognition and management is part of the core curriculum for emergency medicine, and is included in the emergency medicine conference curriculum each year. Most of the ER and urgent care nursing supervisors attended the Domestic Violence Awareness Program 4 hour training offered by Human Resources in March.

LAC+USC – for faculty and residents, intimate partner violence is covered in grand rounds by one of the attending physicians who is an expert in the field, every 3 years or so. All nurses going through the Emergency Nursing Training Program receive comprehensive lectures on Domestic Violence, covering all aspects (causes, recognition/identification, the assault cycle, prevention, documentation, legal aspects, psychosocial aspects, and follow up care). In addition, it is discussed during other lectures (trauma in pregnancy, trauma mechanisms, near-drowning, and trauma assessment).

Orientation/Re-orientation: Each facility's orientation manual and annual re-orientation manuals include information on mandatory reporting of domestic violence and reporting protocols.

4. A description of how the Homeless Initiative's Homeless Prevention Program for families will serve victims of domestic violence, specifically addressing the unique safety needs of this population

The Domestic Violence Workgroup discussed the barriers that a victim of domestic violence may have in accessing homeless prevention programs. As such, a representative selection of members of the Domestic Violence Workgroup will participate as collaborators in the implementation of Homeless Initiative Strategy A1, Homeless Prevention Program for Families. Recommendation of the Domestic Violence workgroup is that Strategy A1 includes protocol to address some of the special needs of victims of Domestic Violence, such as:

- Domestic Violence victims may not have yet left the batterer's home; and
- Domestic Violence victims may not have the documentation that would normally be required to access homeless prevention services.

Further updates on Homeless Initiative Strategy A1 and the intersection with Domestic Violence will be provided as part of the Quarterly Homeless Initiative updates to the Board.

5. A set of strategies for strengthening collaboration between domestic violence providers and homeless service providers, including the feasibility of convening to explore and document best practices for restoring families to safety and self-sufficiency

The Domestic Violence (DV) Workgroup had significant discussion about the need to strengthen collaboration between domestic violence providers and homeless service providers. Additionally, several representative members of the DV Workgroup attended the Lunch and Learn Session sponsored by Supervisor Kuehl's office on Domestic Violence services in Multnomah County to identify any documented best practices for restoring families to safety and self-sufficiency.

The DV Workgroup identified that some of the barriers to successful collaboration among the homeless services delivery system and domestic violence service delivery system include:

- Lack of funding to support domestic violence programs;
- Lack of data on victims of domestic violence; and
- Lack of best practices that are proven models based on data.

To address these issues, the DV Workgroup identified a need for an ongoing structure that brings together County Departments, Homeless Service Providers and DV Service Providers. As such, the Los Angeles Homeless Services Authority (LAHSA) will convene group of DV Service Providers and Homeless Service Providers to discuss and possibly plan a local DV Conference where a broader discussion can occur on strategies for strengthening collaboration between the mainstream County departments, DV and Homeless Service Providers.

An update on this item will be provided by September 9, 2016.

6. A report back on rental assistance, including rapid rehousing and housing choice vouchers available to victims of domestic violence

The Domestic Violence Workgroup had significant discussion about the nature of housing services needed to keep DV victims safe. To explore some of the concerns identified by the DV Workgroup, a request for technical assistance was submitted to the National Alliance for Safe Housing, District Alliance for Safe Housing, Inc. The initial conference call to discuss the needs of Los Angeles County is scheduled for May 12, 2014. An update on this item will be provided by September 9, 2016.

The DV workgroup identified that there is a lack of a "fit" between existing available housing services under Rapid Rehousing and how DV clients can be served. The attached document, prepared by members of the DV Workgroup, highlights this gap.

INTERSECTIONS BETWEEN HOMELESS & DOMESTIC VIOLENCE PROGRAMS

"[W]e remain committed to protecting all survivors of these forms of violence – women, children, and men. **Having a safe, stable home is critical for survivors of domestic violence to start a new chapter in their lives . . .**"

- HUD Secretary Julian Castro, March 2015

As we work together to ensure safe and stable housing for our community members, we must recognize that there is no "one size fits all" solution. Victims of domestic violence and their families experience the very real danger of physical harm, combined with recurring trauma, isolation, and other forms of abuse. The safety needs of domestic violence survivors, combined with their trauma histories, require specific scrutiny of programs which HUD and local government agencies consider "best practice." Domestic violence victims who are homeless make up 21% of the total homeless count in Los Angeles County. Domestic violence survivors have unique safety needs that require specialized services, supported by both targeted and increased funding.

Current HUD definitions and the application of HUD-supported programs do not adequately address the needs of domestic violence survivors. This document provides definitions of current homeless service models and discusses the challenges and opportunities for implementing these models to serve survivors of domestic violence.

Continuum of Care is HUD's term for the network of funders, service providers, and other agencies who address homelessness in a given region. Per HUD, *"The CoC Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness."*[1]

Coordinated Entry System (CES) & Homeless Family Solution Systems (HFSS)
Both the single-adult CES and HFSS are intended to address homelessness in LA County by streamlining the application process for various services/programs. The current system does not include comprehensive procedures to ensure the short-term or long-term safety of victims of DV, Substance Abuse and stalking. HUD's Special Needs Assistance Programs released a brief: "Ensuring Access for Domestic Violence Survivors" within the Continuum of Care (CoC) of homeless funding.[2] This includes

[1] https://www.hudexchange.info/programs/coc/

[2] Oliva, Ann (2015). *SNAPS In Focus: Ensuring Access for Domestic Violence Survivors*. Retrieved from: https://www.hudexchange.info/news/snaps-in-focus-ensuring-access-for-survivors-of-domestic-violence/

safe locations that can maintain confidentiality of information provided, and interviewers trained to understand elements of DV and trauma, to ensure information disclosed during the interview is privileged. Additionally, sites must be language accessible. Often times, victims are unable to escape abuse if services are not provided in languages they speak. Any central data collection system must include a separate, secure and confidential module for DV victim information.

Downtown Women's Center (DWC) is one example of a program serving DV survivors that has entirely switched over to use of CES. Unfortunately, the data shows that the housing availability does not come close to meeting the need. From September 2013 to December 2015, DWC entered 599 women into CES and only 62 (10%) were matched to housing.

Permanent Supportive Housing (PSH) is designed for chronically homeless people, with a diagnosed disability/medical condition/mental illness and a certain amount of time spent homeless before qualifying for this program. Most PSH programs are designed for single adults (currently). This program design excludes most DV survivors, who are often housed until the time they choose to leave their housing as a result of continued domestic violence, and who may or may not have a medical or mental health diagnosis. HUD has not redefined the eligibility requirements for PSH, and until they do so, the majority of domestic violence victims will not be able to access PSH.

The PSH model is effective for single women who have histories of trauma and homelessness as evidenced by the success of Downtown Women's Center. Although 60% of the women living at Downtown Women's Center (DWC) have reported experiencing domestic violence in their lifetime, they entered PSH through the HUD Continuum of Care.

Rapid Re-Housing (RRH) provides temporary rental assistance for a limited period of time to homeless families. To qualify for rental assistance in LA, a family must either be currently living on the streets or in an emergency shelter. If a DV survivor is currently living at home with their abuser and attempts to access the RRH resources, they might be told they are either ineligible or must enter an emergency shelter first, even though "fleeing DV" qualifies a family for RRH. Given the lack of DV specific emergency shelter beds, it is not feasible to expect all DV survivors to enter shelter. While policies are changing in order to address the needs of survivors, there remains a gap between policy and practice. Additional education of homeless service providers at the local CES & HFSS lead agencies is needed in order to properly support survivors.

Financial abuse experienced by many survivors creates additional barriers to accessing RRH, as they are often starting with little to no income when the decision is made to leave their abusive situation. The 3 to 12 months of assistance provided in the RRH model is often insufficient time for victims of domestic violence to overcome trauma and address legal and other issues, such as adequate childcare, that assist them with obtaining employment to cover the cost of rent.

Batterers continue to pursue their victims after separation, particularly when children are involved. Accordingly, placing survivors in a known unprotected location immediately following the survivor's decision to leave may subject that survivor and their children to an increased level of danger.

Transitional Housing Programs (THP) is supportive housing with a time limit (typically 12-24 months). The program design is equivalent to the services and type of housing provided by PSH providers: wraparound services offered on-site, case management, counseling, support groups, etc. THPs provide a safe refuge for survivors to establish a home free from violence. When a victim flees their abuser, they are at the greatest risk of a lethal assault.[3] Most government-funded emergency shelter programs are required to limit the length of stay to a few months at most. This puts victims in danger of being located by an abuser who may retaliate with deadly violence when they move from a confidentially-located emergency shelter into permanent housing. DV-specific transitional housing that is confidentially-located provides safe housing during the time it takes to secure protective orders and resolve other legal issues which may put the victim at risk. Batterers often withhold adjusting victims' immigration status to threaten deportation without the children as a way to control the victims. Adjusting immigration status to enable victims to become employable also takes longer than the emergency shelter stay.

For the safety of survivors, and to promote survivor choice, a true Continuum of Care will include multiple options for housing support and stability: emergency shelter, transitional housing, RRH, PSH, and a pathway to permanent affordable housing options, such as Section 8.

[3] Campbell, et al., *Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study.* Published in the American Journal of Public Health, June 2003.

7. A report back on DMH programs, or efforts in place to support domestic violence victims

The Department of Mental Health (DMH) has a variety of programs currently in place to address the needs of domestic violence victims. Domestic violence victims that meet the criteria for specialty mental health services can – and are – seen in DMH directly operated and contract programs. In addition, DMH offers several Prevention and Early Intervention evidence-based practices focusing on individuals who are in crisis or suffering from trauma. These include the following:

- Crisis-Oriented Recovery Services, which help individuals, focus on immediate situations that may be part of the domestic violence situation (e.g., an incident of abuse, loss of residence, arrest of perpetrator, etc.);
- Prolonged Exposure-Post Traumatic Stress Disorder Services, which assist individuals to process traumatic events and reduce symptoms of PTSD in addition to depression, anger and anxiety;
- Seeking Safety – a present-focused therapy that helps people attain safety from trauma, PTSD or substance abuse, focusing on the development of safe coping skills while utilizing a self-empowerment approach; and
- Trauma-focused CBT, an early intervention for transition age youth intended to reduce symptoms of depression and psychological consequences of trauma resulting from various events including domestic violence and traumatic loss.

Within each of the County's eight Service Areas, DMH has ensured that clients of domestic violence shelters can be accommodated within existing directly operated and contracted programs, and that information is available regarding how to access these services.

In an effort to explore additional opportunities for supporting domestic violence providers, DMH staff also met with several representatives of the domestic violence shelters. As a result, DMH will be implementing the following:

- Additional training in issues surrounding domestic violence for DMH staff;
- Training of domestic violence programs regarding mental health services; and
- Including domestic violence providers in the DMH stakeholder planning process for expansion of Prevention and Early Intervention (PEI) programs.

8. A report back on options for increasing funding for Domestic Violence Shelter-Based Programs

Currently domestic violence shelter based programs are funded by marriage license fees and batterer's program fees. Apart from those funding sources, a reallocation of general funds or a special tax could increase funding. This will be elaborated upon in the separate response by the Office of the County Counsel.

2. A review of current assessment tools and procedures for identifying domestic violence among individuals and families served through DPSS, DCFS, LAHSA, DMH,DHS, DPH , the Homeless Families Solutions System, and any recommended strategies if needed to strengthen or create new assessment tools and procedures for some or all of those departments

3. A review of current procedures to provide appropriate support and linkage to domestic violence services for clients identified as being the victims of domestic violence and any recommended strategies to strengthen or develop new efforts for some or all of these Departments;

During the two DV Workgroup meetings, the DV Workgroup reviewed and discussed, at great length, the many opportunities for identification of Domestic Violence within the County mainstream systems and how victims are referred for services. A chart highlighting each Department's screening tool and reason for inquiring about Domestic Violence is included in this response. Additionally, the screening tools used by homeless and domestic violence service providers were also reviewed.

Given the volume of instruments used and diverse reasons for inquiring about domestic violence, and the varying levels of staff that interact with clients, the DV Workgroup concluded that additional work and time is needed to develop a comprehensive response to the items requested above. As such, a subgroup of the DV Workgroup will continue to work through the summer to review and assess Domestic Violence screening/assessment tools, training needs and protocols, the development of a potential countywide prevention approach or framework, and the referral process for identifying and linking victims of domestic violence to services. The first meeting of the subgroup is scheduled for May 24, 2016.

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
DPSS, DCFS, DPH, HACOLA, DMH, DHS

COUNTY DEPT.	FORM USED AND TYPE OF TOOL	SCOPE OF CONVERSATION (WHY ARE QUESTIONS ABOUT DV BEING ASKED)	LEVEL OF STAFF ASKING DV QUESTIONS OR DOING SCREENING	LEVEL OF DV TRAINING PROVIDED TO STAFF INQUIRING ABOUT DV
DPSS	PA 1913, Confidential Domestic Violence Information, screening tool and disclosure of DV	To facilitate discussion around issues of DV and to encourage self-disclosure.	Eligibility, GAIN Services Workers (GSW), and Contracted Case Managers (CCM) conduct the initial screening, if the individual discloses being a victim of DV, the case is immediately transferred to a Specialized Supportive Services (SSS) Worker.	All line staff receive DV Sensitivity and Awareness Training, and SSS staff receive special training with working with victims of DV, such as how DV can interfere with an individual's ability to meet CalWORKs program requirements, informing requirements and the criteria for granting waivers, confidentiality rules and provisions; coordination of services provided through the CalWORKs WtW program.
DPSS	PA 1914, Domestic Violence Information Brochure, and Cal-3, CalWORKs Specialized Supportive Services for Victims of Domestic Violence	Resources to provide applicant/participants	Eligibility, GSWs and CCMs.	
DPSS	On-Line California Appraisal Tool (OCAT)	Assist GAIN staff with helping CalWORKs welfare-to-work participants identify issues of DV and access services.	GSWs and CCMs.	
DCFS	SDM INITIAL SCREENING TOOL – Hotline version	The purpose of this assessment tool is to assist the social worker to determine if there is sufficient information provided to identify if the situation falls within Welfare and Institutions Code (WIC) Section 300 as suspected Child Abuse: Physical abuse, Sexual abuse, Sexual Exploitation, Emotional Abuse, or Neglect including but not limited to forms of Severe Neglect, and/or General Neglect.	A DCFS Children's Social Worker assigned to the Child Protection Hotline Division. This tool is situation specific, as little may be known about the family at the time of the call by the caller (i.e., reporting party).	Annual training is provided on any Child Abuse related Laws by DCFS County Counsel. All hotline staff is retrained periodically on the identification of various forms of abuse, and the identification of questions to help solicit information from a caller to identify the type of abuse, and determine an appropriate response time to investigate the suspected abuse.

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DCFS	SDM – SAFETY ASSESSMENT TOOL	The purpose of this assessment tool is to assist the social worker to make a determination regarding the level of safety of the child and assists in making a decision regarding whether or not the situation and initial evidence meets the WIC 300 threshold to open a case: be it involuntary or voluntary.	A DCFS Children's Social Worker assigned to the Emergency Response function within a Regional Office and/or in the Emergency Response Command Post. For situations in which there is subsequent referral, a Continuing Services Children's Social Worker may be required to investigate and utilize this tool as well. This tool is family specific, but may also highlight specific children within the family if so identified in the referral and revealed within the investigation.	All DCFS Children's Social Workers are trained on the use of the SDM tool series which are utilized throughout the life of a case. Initial training is provided in the academy and then subsequently in their Regional Offices. Periodic refresher training is also available. Training on the assessment of child abuse is also available via periodic refresher courses and via on-site training provided within a regional office.
DCFS	MHST – MENTAL HEALTH SCREENING TOOL	The purpose of this pre-screening tool is to assist the DCFS Social Worker to make an initial assessment of the child's mental health based on observation during the initial stages of the case. If the screen is positive, a referral is made for additional follow up by DMH co-located Clinicians to refer the child for a mental health clinical assessment and linkage to treatment which is medically necessary.	This tool was developed and implemented as part of the KATIE A. Settlement as a means to ensure that every eligible child is promptly referred for an appropriate mental health evaluation and treatment. It is used by DCFS Children's Social Workers during the initial stages of the case AND is used if subsequent observations are made which may warrant a new evaluation of the child's mental health needs. This tool is child and age specific. There is a tool for 0-5 and for children over 5. The MHST provided is the tool for children over 5 as it identifies Domestic Violence specifically.	Training is provided by both DCFS and DMH on the use of this tool. It is part of the DCFS new hire Academy training. At each DCFS office there are specially trained Service Linkage Specialists and Multi-disciplinary Assessment Team liaisons that receive more training on the MHST and can assist the regional DCFS Children's Social Workers as needed. Periodic refresher training is held in each Department.

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DCFS	Multidisciplinary Assessment Team (MAT) Assessment	The purpose is to assess the needs of children and their families as they enter foster care for the purpose of providing the needed supports and services in a timely manner. The conversation on domestic violence is conducted as part of a trauma-informed assessment to identify the child's underlying needs and the parent's capacity to meet these needs. This assessment results in a plan that the child's team formulates to support the child's needs.	The staff asking the questions are mental health assessors from contracted mental health agencies who are either licensed or supervised by a licensed professional to do these assessments.	The assessors are trained via their home agency and are part of broader training on trauma-related mental health needs. There are 50 different community-based mental health agencies that conduct MAT Assessments.
DCFS	Up Front Assessments	The Up-Front Assessment (UFA) provides the DCFS Children's Social Worker with valuable information on an adult's parenting or caregiving capacity. It is to assist in identifying risks in a household due to issues related to mental health, substance abuse, and domestic violence. From the results of the UFA, the DCFS Children's Social Workers are able to refer parents/caregivers to community agencies with expertise in services for mental health, substance abuse, and domestic violence.	Family Preservation Agencies contracted by DCFS complete the UFAs. They are conducted by a licensed clinician, or a Master's level or higher assessor under the supervision of a licensed clinician. This assessment includes the administration of the Behavioral Severity Assessment Program (BSAP) tool—a standardized tool used in other jurisdictions.	A qualified and experienced UFA clinician from one of the Family Preservation agencies provides training for all UFA clinicians or assessors annually. This training is not done by DCFS.
DCFS	Assessment of Domestic Violence	The purpose of this policy is to provide guidance to all Children's Social Workers on the specific aspects of Domestic Violence and it's nexus to Child Abuse. While not all incidents of Domestic Violence are reported to the Child Protection Hotline, those that occur in the presence of the children or where a child may have been involved in the incident should be reported. The existence of Domestic Violence in a home with children may	This guide is accessible on the DCFS policy website and available to all Children's Social Workers in program functions, and to their Supervisors and Managers.	The mandatory training is provided routinely by the DCFS Training academy for all new social workers. The training is a 3-hour comprehensive look at DV dynamics and child welfare practices. The trainers are all DV subject-matter experts. The new hire training also includes four full-day interactive simulation training scenarios. All touch on DV but one

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
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		be a nexus to other forms of child abuse or neglect. As a result, if a case is opened, the plan for services will include a safe case plan designed for the DV adult victim, children and batterer to address the impact of domestic violence on the family and attempts to identify the underlying source of the conflict.		has DV as the main focus. In addition to the specific DV 3-hour training and the simulation trainings, DV is discussed in many of the other required training components in the new hire Academy. Periodic refresher training for all DCFS staff is also available but not mandatory. The refresher trainings are normally 2 days and include special focus on safety planning and include a panel of experts from first responders to DV advocates.
HACoLA	Referral Tool: Weekly LASD and LBPD 273.5 calls for service for 68 HACoLA sites	The law enforcement (LASD and LBPD) calls for service information report identifies domestic violence victims which are referred to the HACoLA Clinician and Case Managers.	HACoLA Clinician and Case Managers receive the calls for service for follow-up.	HACoLA staff seek in-service training from Domestic Violence Council partners and End Abuse Long Beach.
HACoLA	Assessment Tool: Family Resource Intake Assessment	As part of the intake assessment, the HACoLA Clinician and Case Managers ask questions about domestic violence history and current domestic violence issues.	HACoLA Clinician and Case Managers ask the domestic violence questions.	HACoLA staff seek in-service training from Domestic Violence Council partners and End Abuse Long Beach.
DPH	Domestic Violence Personalized Safety Plan	Used by the Nurse Family Partnership PHNs if they know of violence or if seems appropriate. Could happen at any point of 2.5 year relationship with client, during home visits. Creates a safety plan.	Client and Public Health Nurses	NFP PHNs trained with National Office's training curriculum.
DPH	CPSP Prenatal Combined Assessment/ Reassessment tool	Tool is used as a part of prenatal assessment to identify risks and address health and social problems among pregnant women. Contains some DV questions as part of the assessment.	Medical provider - the physician themselves or often a Comprehensive Perinatal Health Worker, medical assistant or nurse in the office.	Quarterly trainings by the CPSP Clinical Social Work Consultant focused on DV/IPV. Trainings are about 3-4 hours long and also address mandated

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
DPSS, DCFS, DPH, HACOLA, DMH, DHS

COUNTY DEPT.	FORM USED AND TYPE OF TOOL	SCOPE OF CONVERSATION (WHY ARE QUESTIONS ABOUT DV BEING ASKED)	LEVEL OF STAFF ASKING DV QUESTIONS OR DOING SCREENING	LEVEL OF DV TRAINING PROVIDED TO STAFF INQUIRING ABOUT DV
DPH	CPSP Combined Postpartum Assessment tool	Postpartum assessment used to identify risks and address new/ outstanding health and social problems amongst women who just had a baby. Contains some DV questions as a part of the assessment.		reporting. In addition, 1 hour of an initial all-day training on CPSP program is dedicated to IPV training. (Both of the above training curricula are currently suspended due to trainer vacancy. Expect to fill position within 6 months.) Provider must have customized protocols in place to address problems identified in assessment.
DPH	CPSP Danger Assessment tool	Assessment used if provider or clinic staff knows or suspects violence. Reviews and assesses risk factors associated with increased risk of homicide for women and men in violent relationships.	Client and clinic staff	
DPH	Los Angeles Mommy & Baby Survey (LAMB)	Population based survey on a wide variety of health issues given to women who have recently given birth and reside in Los Angeles County. Contains some DV questions as part of the survey.	Self-administered survey mailed to women; occasionally, DPH staff (trained clerks to Epidemiologists) may walk women through survey on the phone.	Training not provided since the surveys are self-administered for the most part.
DPH	LAMB follow-up survey	Follow-up survey given to women that participated in the LAMB survey. Contains some DV questions as part of the survey.		
DPH	Addiction severity index-assessment tool (interview) with DV questions.	Social, health and sexual abuse related questions among people with substance use disorder.	Substance Abuse Community Service Center Assessors – they are required to be certified Substance Use Disorder counselors.	The assessors are required to receive training in administering the tool from their agency, per the agency's contract with DPH.
DPH	Sexually Transmitted Disease Client Health Questionnaire.	Questionnaire administered to clients in Public Health STD clinics. Contains questions on risky behavior and an assessment of intimate partner violence.	Administered by Clinic Nurses, Public Health Investigators, Nurse Practitioner or MD.	Training on form usage is primarily provided by peers. Clinicians received CME training on Sexual Assault and recent training for STD clinical staff on DV.
DPH	Community Health Services (CHS), Targeted Case Management Assessment	Comprehensive assessment administered to clients during home visits for follow-up on communicable diseases. Contains DV/IPV, reproductive coercion and human trafficking screening questions.	Public Health Nurses	New form, still being piloted and revised through June 2016. CHS leadership taught use of form. All CHS staff recently participated in DV training. DPH nursing personnel receive training on DV during orientation.

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
DPSS, DCFS, DPH, HACOLA, DMH, DHS

COUNTY DEPT.	FORM USED AND TYPE OF TOOL	SCOPE OF CONVERSATION (WHY ARE QUESTIONS ABOUT DV BEING ASKED)	LEVEL OF STAFF ASKING DV QUESTIONS OR DOING SCREENING	LEVEL OF DV TRAINING PROVIDED TO STAFF INQUIRING ABOUT DV
DMH	Mental Health Triage; Adult, Child and Specialized Foster Care versions	Questions (prompts) are designed to assess risk/safety concerns for the purpose of determining scheduling priority: • Victim of violence/abuse • Perpetrator of violence/abuse	Any staff approved by program manager	For clinicians there is a licensure requirement of a one-time, two-day training in DV. There is no requirement for non-clinicians.
DMH	Full and Re-Assessments; Adults	Question (prompt) is designed to assess for clinically relevant aspects of psychosocial history, specifically family and relationships: • Domestic violence	Clinician	For clinicians there is a licensure requirement of a one-time, two-day training in DV. There is no requirement for non-clinicians.
DMH	Full and Re-Assessment; Child - Adolescent	Question (prompt) is designed to assess for clinically relevant aspects of developmental milestones, specifically environmental stressors: • Exposure to family conflict/violence	Clinician	For clinicians there is a licensure requirement of a one-time, two-day training in DV. There is no requirement for non-clinicians.
DMH	Co-Occurring Joint Action Council Screening Instrument	Questions are designed to assess for clinically relevant aspects of substance use disorder: • Have you ever been in a relationship where your partner has pushed or slapped you? • Before you were 13, was there any time when you were punched, kicked, choked or received a more serious physical punishment from a parent or other adult?	Can be any staff but typically completed by a clinician as a required part of the Adult Assessment.	For clinicians there is a licensure requirement of a one-time, two-day training in DV. There is no requirement for non-clinicians.
DHS	Staying Healthy Assessment	Required by health plans for Medi-Cal managed care patients at annual physical with primary care provider. Includes 3 questions relevant (though not specific) to DV.	Generally patients fill out form themselves, but some sites have staff help patients go through the form. Patients can also fill it out in advance on the electronic patient portal.	Training not required.
DHS	Strong Start Initiative –MAMA's Neighborhood psychosocial assessment	Intimate Partner Violence questions asked of pregnant women by Perinatal Health Care Coordinators as part of psychosocial assessment at first visit. Repeated at least once per trimester and then once postpartum.	Perinatal Health Care Coordinators (community worker level staff)	Care Coordinators go through initial and periodic trainings to support administration of serial assessments and follow up contacts, including specific training on Intimate Partner Violence and Reporting.

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
DPSS, DCFS, DPH, HACOLA, DMH, DHS

COUNTY DEPT.	FORM USED AND TYPE OF TOOL	SCOPE OF CONVERSATION (WHY ARE QUESTIONS ABOUT DV BEING ASKED)	LEVEL OF STAFF ASKING DV QUESTIONS OR DOING SCREENING	LEVEL OF DV TRAINING PROVIDED TO STAFF INQUIRING ABOUT DV
DHS	Outpatient nursing intake	Includes one question relevant to DV – "Has anyone ever hurt or threatened you?" as part of general nursing intake at outpatient clinic visits.	Nursing	See below*
DHS	Domestic violence screening as part of ORCHID	Completed if patient answers Yes to question above during nursing intake.		
DHS	Emergency Department triage	Patients are asked if they were injured by a family member or significant other, or if they feel unsafe at home.		

*DHS Training (with emphasis on Emergency Departments):

Harbor-UCLA: For medical residents, DV awareness is integrated into a number of lectures throughout the year. For nursing staff, the Dept. of Emergency Medicine Nursing Training Program includes a 1.5 hour lecture on intimate partner violence.

Olive View: for medical residents, training on domestic violence recognition and management is part of the core curriculum for emergency medicine, and is included in the emergency medicine conference curriculum each year. Most of the ER and urgent care nursing supervisors attended the Domestic Violence Awareness Program 4 hour training offered by Human Resources in March.

LAC+USC – for faculty and residents, intimate partner violence is covered in grand rounds by one of the attending physicians who is an expert in the field, every 3 years or so. All nurses going through the Emergency Nursing Training Program receive comprehensive lectures on Domestic Violence, covering all aspects (causes, recognition/identification, the assault cycle, prevention, documentation, legal aspects, psychosocial aspects, and follow up care). In addition, it is discussed during other lectures (trauma in pregnancy, trauma mechanisms, near-drowning, and trauma assessment).

Orientation/Re-orientation: Each facility's orientation manual and annual re-orientation manuals include information on mandatory reporting of domestic violence and reporting protocols.

4. A description of how the Homeless Initiative's Homeless Prevention Program for families will serve victims of domestic violence, specifically addressing the unique safety needs of this population

The Domestic Violence Workgroup discussed the barriers that a victim of domestic violence may have in accessing homeless prevention programs. As such, a representative selection of members of the Domestic Violence Workgroup will participate as collaborators in the implementation of Homeless Initiative Strategy A1, Homeless Prevention Program for Families. Recommendation of the Domestic Violence workgroup is that Strategy A1 includes protocol to address some of the special needs of victims of Domestic Violence, such as:

- Domestic Violence victims may not have yet left the batterer's home; and
- Domestic Violence victims may not have the documentation that would normally be required to access homeless prevention services.

Further updates on Homeless Initiative Strategy A1 and the intersection with Domestic Violence will be provided as part of the Quarterly Homeless Initiative updates to the Board.

5. A set of strategies for strengthening collaboration between domestic violence providers and homeless service providers, including the feasibility of convening to explore and document best practices for restoring families to safety and self-sufficiency

The Domestic Violence (DV) Workgroup had significant discussion about the need to strengthen collaboration between domestic violence providers and homeless service providers. Additionally, several representative members of the DV Workgroup attended the Lunch and Learn Session sponsored by Supervisor Kuehl's office on Domestic Violence services in Multnomah County to identify any documented best practices for restoring families to safety and self-sufficiency.

The DV Workgroup identified that some of the barriers to successful collaboration among the homeless services delivery system and domestic violence service delivery system include:

- Lack of funding to support domestic violence programs;
- Lack of data on victims of domestic violence; and
- Lack of best practices that are proven models based on data.

To address these issues, the DV Workgroup identified a need for an ongoing structure that brings together County Departments, Homeless Service Providers and DV Service Providers. As such, the Los Angeles Homeless Services Authority (LAHSA) will convene group of DV Service Providers and Homeless Service Providers to discuss and possibly plan a local DV Conference where a broader discussion can occur on strategies for strengthening collaboration between the mainstream County departments, DV and Homeless Service Providers.

An update on this item will be provided by September 9, 2016.

6. A report back on rental assistance, including rapid rehousing and housing choice vouchers available to victims of domestic violence

The Domestic Violence Workgroup had significant discussion about the nature of housing services needed to keep DV victims safe. To explore some of the concerns identified by the DV Workgroup, a request for technical assistance was submitted to the National Alliance for Safe Housing, District Alliance for Safe Housing, Inc. The initial conference call to discuss the needs of Los Angeles County is scheduled for May 12, 2014. An update on this item will be provided by September 9, 2016.

The DV workgroup identified that there is a lack of a "fit" between existing available housing services under Rapid Rehousing and how DV clients can be served. The attached document, prepared by members of the DV Workgroup, highlights this gap.

INTERSECTIONS BETWEEN HOMELESS & DOMESTIC VIOLENCE PROGRAMS

"[W]e remain committed to protecting all survivors of these forms of violence – women, children, and men. **Having a safe, stable home is critical for survivors of domestic violence to start a new chapter in their lives . . .**"

- HUD Secretary Julian Castro, March 2015

As we work together to ensure safe and stable housing for our community members, we must recognize that there is no "one size fits all" solution. Victims of domestic violence and their families experience the very real danger of physical harm, combined with recurring trauma, isolation, and other forms of abuse. The safety needs of domestic violence survivors, combined with their trauma histories, require specific scrutiny of programs which HUD and local government agencies consider "best practice." Domestic violence victims who are homeless make up 21% of the total homeless count in Los Angeles County. Domestic violence survivors have unique safety needs that require specialized services, supported by both targeted and increased funding.

Current HUD definitions and the application of HUD-supported programs do not adequately address the needs of domestic violence survivors. This document provides definitions of current homeless service models and discusses the challenges and opportunities for implementing these models to serve survivors of domestic violence.

Continuum of Care is HUD's term for the network of funders, service providers, and other agencies who address homelessness in a given region. Per HUD, *"The CoC Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness."*[1]

Coordinated Entry System (CES) & Homeless Family Solution Systems (HFSS)
Both the single-adult CES and HFSS are intended to address homelessness in LA County by streamlining the application process for various services/programs. The current system does not include comprehensive procedures to ensure the short-term or long-term safety of victims of DV, Substance Abuse and stalking. HUD's Special Needs Assistance Programs released a brief: "Ensuring Access for Domestic Violence Survivors" within the Continuum of Care (CoC) of homeless funding.[2] This includes

[1] https://www.hudexchange.info/programs/coc/

[2] Oliva, Ann (2015). *SNAPS In Focus: Ensuring Access for Domestic Violence Survivors*. Retrieved from: https://www.hudexchange.info/news/snaps-in-focus-ensuring-access-for-survivors-of-domestic-violence/

safe locations that can maintain confidentiality of information provided, and interviewers trained to understand elements of DV and trauma, to ensure information disclosed during the interview is privileged. Additionally, sites must be language accessible. Often times, victims are unable to escape abuse if services are not provided in languages they speak. Any central data collection system must include a separate, secure and confidential module for DV victim information.

Downtown Women's Center (DWC) is one example of a program serving DV survivors that has entirely switched over to use of CES. Unfortunately, the data shows that the housing availability does not come close to meeting the need. From September 2013 to December 2015, DWC entered 599 women into CES and only 62 (10%) were matched to housing.

Permanent Supportive Housing (PSH) is designed for chronically homeless people, with a diagnosed disability/medical condition/mental illness and a certain amount of time spent homeless before qualifying for this program. Most PSH programs are designed for single adults (currently). This program design excludes most DV survivors, who are often housed until the time they choose to leave their housing as a result of continued domestic violence, and who may or may not have a medical or mental health diagnosis. HUD has not redefined the eligibility requirements for PSH, and until they do so, the majority of domestic violence victims will not be able to access PSH.

The PSH model is effective for single women who have histories of trauma and homelessness as evidenced by the success of Downtown Women's Center. Although 60% of the women living at Downtown Women's Center (DWC) have reported experiencing domestic violence in their lifetime, they entered PSH through the HUD Continuum of Care.

Rapid Re-Housing (RRH) provides temporary rental assistance for a limited period of time to homeless families. To qualify for rental assistance in LA, a family must either be currently living on the streets or in an emergency shelter. If a DV survivor is currently living at home with their abuser and attempts to access the RRH resources, they might be told they are either ineligible or must enter an emergency shelter first, even though "fleeing DV" qualifies a family for RRH. Given the lack of DV specific emergency shelter beds, it is not feasible to expect all DV survivors to enter shelter. While policies are changing in order to address the needs of survivors, there remains a gap between policy and practice. Additional education of homeless service providers at the local CES & HFSS lead agencies is needed in order to properly support survivors.

Financial abuse experienced by many survivors creates additional barriers to accessing RRH, as they are often starting with little to no income when the decision is made to leave their abusive situation. The 3 to 12 months of assistance provided in the RRH model is often insufficient time for victims of domestic violence to overcome trauma and address legal and other issues, such as adequate childcare, that assist them with obtaining employment to cover the cost of rent.

Batterers continue to pursue their victims after separation, particularly when children are involved. Accordingly, placing survivors in a known unprotected location immediately following the survivor's decision to leave may subject that survivor and their children to an increased level of danger.

Transitional Housing Programs (THP) is supportive housing with a time limit (typically 12-24 months). The program design is equivalent to the services and type of housing provided by PSH providers: wraparound services offered on-site, case management, counseling, support groups, etc. THPs provide a safe refuge for survivors to establish a home free from violence. When a victim flees their abuser, they are at the greatest risk of a lethal assault.[3] Most government-funded emergency shelter programs are required to limit the length of stay to a few months at most. This puts victims in danger of being located by an abuser who may retaliate with deadly violence when they move from a confidentially-located emergency shelter into permanent housing. DV-specific transitional housing that is confidentially-located provides safe housing during the time it takes to secure protective orders and resolve other legal issues which may put the victim at risk. Batterers often withhold adjusting victims' immigration status to threaten deportation without the children as a way to control the victims. Adjusting immigration status to enable victims to become employable also takes longer than the emergency shelter stay.

For the safety of survivors, and to promote survivor choice, a true Continuum of Care will include multiple options for housing support and stability: emergency shelter, transitional housing, RRH, PSH, and a pathway to permanent affordable housing options, such as Section 8.

[3] Campbell, et al., *Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study.* Published in the American Journal of Public Health, June 2003.

7. A report back on DMH programs, or efforts in place to support domestic violence victims

The Department of Mental Health (DMH) has a variety of programs currently in place to address the needs of domestic violence victims. Domestic violence victims that meet the criteria for specialty mental health services can – and are – seen in DMH directly operated and contract programs. In addition, DMH offers several Prevention and Early Intervention evidence-based practices focusing on individuals who are in crisis or suffering from trauma. These include the following:

- Crisis-Oriented Recovery Services, which help individuals, focus on immediate situations that may be part of the domestic violence situation (e.g., an incident of abuse, loss of residence, arrest of perpetrator, etc.);
- Prolonged Exposure-Post Traumatic Stress Disorder Services, which assist individuals to process traumatic events and reduce symptoms of PTSD in addition to depression, anger and anxiety;
- Seeking Safety – a present-focused therapy that helps people attain safety from trauma, PTSD or substance abuse, focusing on the development of safe coping skills while utilizing a self-empowerment approach; and
- Trauma-focused CBT, an early intervention for transition age youth intended to reduce symptoms of depression and psychological consequences of trauma resulting from various events including domestic violence and traumatic loss.

Within each of the County's eight Service Areas, DMH has ensured that clients of domestic violence shelters can be accommodated within existing directly operated and contracted programs, and that information is available regarding how to access these services.

In an effort to explore additional opportunities for supporting domestic violence providers, DMH staff also met with several representatives of the domestic violence shelters. As a result, DMH will be implementing the following:

- Additional training in issues surrounding domestic violence for DMH staff;
- Training of domestic violence programs regarding mental health services; and
- Including domestic violence providers in the DMH stakeholder planning process for expansion of Prevention and Early Intervention (PEI) programs.

8. A report back on options for increasing funding for Domestic Violence Shelter-Based Programs

Currently domestic violence shelter based programs are funded by marriage license fees and batterer's program fees. Apart from those funding sources, a reallocation of general funds or a special tax could increase funding. This will be elaborated upon in the separate response by the Office of the County Counsel.

County of Los Angeles
CHIEF EXECUTIVE OFFICE
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
http://ceo.lacounty.gov

SACHI A. HAMAI
Chief Executive Officer

September 9, 2016

To: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Sachi A. Hamai
Chief Executive Officer

REPORT BACK #2 ON DOMESTIC VIOLENCE SERVICES AND HOMELESSNESS (ITEM NO. 8, AGENDA OF FEBRUARY 9, 2016)

This is to provide the Board with the second report on the information requested in the February 9, 2016 Board Motion on Domestic Violence (DV) and Homelessness. The Board directed this Office to work with the Departments of Public Social Services (DPSS), Children and Family Services (DCFS), Health Services (DHS), Mental Health (DMH), Public Health (DPH), the Los Angeles Homeless Services Authority (LAHSA), the Housing Authority of the County of Los Angeles (HACoLA), the Los Angeles County DV Council and Homeless and DV Service Providers to collect a wide range of information pertaining to the intersection of DV and homelessness.

In our May 9, 2016 response to the Board Motion, this Office along with the aforementioned departments (County Team), DV Council, and Homeless and DV Service Providers (Service Providers), provided final responses on deliverables 1, 4, 6, 7 and 8 of the Board Motion and committed to report back on September 9, 2016, on deliverables 2, 3, and 5.

Since May 9, 2016, a subgroup of the full group working on this motion has met on three occasions to develop a comprehensive response to the pending deliverables, and the full group met one additional time to discuss and review the information related to each of the pending deliverables of the Board Motion. Attachments I and II provide an update on the progress to date on each of the following three pending deliverables, numbered according to the February 9 Board Motion:

2) A review of current assessment tools and procedures for identifying domestic violence among individuals and families served through DPSS, DCFS, DMH, DHS, DPH, LAHSA, the Homeless Families Solutions System (HFSS) and any recommended strategies, if needed, to strengthen or create new assessment tools and procedures for some or all of these departments (Attachment I);

3) A review of current procedures to provide appropriate support and linkage to DV services for clients identified as being the victims of DV and any recommended strategies to strengthen or develop new efforts for some or all of these Departments (Attachment I); and

5) A set of strategies for strengthening collaboration between DV Providers and Homeless Service Providers, including the feasibility of a convening to explore and document best practices for restoring families to safety and self-sufficiency (Attachment II).

Additionally, in response to the May 9, 2016 report back on deliverable number 6 which focused on rental assistance, including rapid re-housing and housing choice vouchers available to victims of DV, on August 2, 2016, the Board directed LAHSA to develop and implement an "Intimate Partner Violence (IPV) Rapid Re-housing Pilot Program." To implement the Pilot Program, the Board instructed the CEO to transfer $1 million of Homeless Prevention Initiative Funds unallocated within Homeless Initiative Strategy B3 (Rapid Rehousing) to LAHSA. LAHSA and various members of the County Team are collaborating on development of the IPV Rapid Re-housing Pilot Program.

Unless otherwise directed, the CEO will return to the Board with a final report in response to this motion by January 9, 2017.

If you have any questions, please contact Phil Ansell, Homeless Initiative Director, at 213-974-1752 or pansell@ceo.lacounty.gov.

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PA:LC:ef

Attachments

c: Sheriff
Executive Office, Board of Supervisors
Children and Family Services
County Counsel
Domestic Violence Council
Health Services
Housing Authority of the County of Los Angeles
Los Angeles Homeless Services Authority
Mental Health
Public Health
Public Social Services

2. A review of current assessment tools and procedures for identifying domestic violence among individuals and families served through DPSS, DCFS, LAHSA, DMH, DHS, DPH, the Homeless Families Solutions System, and any recommended strategies, if needed to strengthen or create new assessment tools and procedures for some or all of those departments;

3. A review of current procedures to provide appropriate support and linkage to domestic violence services for clients identified as being the victims of domestic violence and any recommended strategies to strengthen or develop new efforts for some or all of these departments;

A subgroup of the workgroup convened on three occasions to further assess items 2 and 3 which involved a review of current assessment tools and procedures for providing appropriate support and linkage to DV services. The subgroup included representatives from the DV community, the Homeless Service Provider community, LAHSA, DMH, DHS, DPH, DCFS, LASD, and DPSS.

Given the volume of instruments used and diverse reasons for inquiring about domestic violence, and the varying levels of staff who interact with clients, the subgroup came to the conclusion early on that it is not possible to come up with one standardized screening tool, but rather it could be possible to identify some core principles for working with victims or those at risk of domestic violence/intimate partner violence and some common key questions on DV that could be used to identify DV. The subgroup is also continuing to explore the need to shift to the term Intimate Partner Violence (IPV) from DV to be more inclusive.

The subgroup identified and reviewed the Guidelines for the Effective Response to Domestic Abuse (GERDA) which is Los Angeles County's protocol for the response to children exposed to domestic violence. The GERDA provides a comprehensive protocol that was developed by various experts in the DV community, many of whom are part of the DV workgroup. Members of the subgroup are continuing to work together to determine the best way to leverage the valuable work included in the GERDA as a potential starting framework of a draft document that conveys Los Angeles County's core values for preventing, identifying and addressing intimate partner violence. Members of the subgroup are currently working together to further develop draft recommended core values, as well as a recommendation as to how those values could be used by mainstream systems to enhance the service delivery system for victims of IPV.

With regard to screening tools, the subgroup worked very diligently to try and identify some common key questions that could be used by the identified departments to identify victims of IPV. While the subgroup is close to finalizing a recommended set of

questions, there are a number of other factors related to screening that are still being considered.

There has been a vast amount of work and many fruitful discussions since submission of the May 9, 2016 report to the Board. The complexities involved in these two areas of IPV have resulted in the subgroup identifying various other barriers to effectively serving victims of IPV within the mainstream systems. The final report to the Board in January, 2017, will include a set of recommendations with the potential to enhance how IPV is addressed in the mainstream County systems.

5. A set of strategies for strengthening collaboration between domestic violence providers and homeless service providers, including the feasibility of convening to explore and document best practices for restoring families to safety and self-sufficiency

As described in the May 9, 2016 report to the Board, the Domestic Violence (DV) Workgroup identified a need for an ongoing structure that brings together the various stakeholders working with Intimate Partner Victims (IPV) experiencing homelessness to identify strategies for strengthening collaboration between the mainstream County Departments, DV Providers, and Homeless Service Providers.

The Los Angeles Homeless Services Authority (LAHSA) is leading the effort to convene the various relevant stakeholders to discuss and plan a local conference that would serve as the launch of such an ongoing structure. To date, LAHSA has coordinated with the County's DV Council, the City of Los Angeles' DV Task Force, representatives from various County Departments, homeless service providers from the Coordinated Entry System (CES), and other stakeholders such as the Downtown Women's Center. Representatives from these stakeholder groups met on August 26, 2016 to begin the dialogue needed to address the issues that each stakeholder confronts with respect to DV and homelessness. At the meeting, the following agenda items were discussed:

- Key Crossover Issues between Mainstream County Departments, Domestic Violence/Intimate Partner Violence Providers and Homeless Service Providers
- Key Stakeholders to Engage
- Next Steps

The group discussion resulted in the following decisions:

- The group supported the development of a conference;
- A subgroup will work on identifying potential conference themes based on the discussion; and
- LAHSA will keep the full group informed of next steps regarding conference planning.

Additionally, in response to LAHSA's request for technical assistance, there has been ongoing discussion with the National Alliance for Safe Housing (Alliance) regarding opportunities for technical assistance in enhancing the relationship between the Homeless and IPV Service Provider communities. As a result, the Alliance will be working closely with Los Angeles County Homeless and IPV Service Providers in the coming months, conducting a survey of stakeholders, and providing recommendations on opportunities to enhance the intersection between Homeless and IPV Service Providers.

County of Los Angeles
CHIEF EXECUTIVE OFFICE
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
http://ceo.lacounty.gov

SACHI A. HAMAI
Chief Executive Officer

January 9, 2017

To: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Sachi A. Hamai
Chief Executive Officer

REPORT BACK #3 ON DOMESTIC VIOLENCE SERVICES AND HOMELESSNESS (ITEM NO. 8, AGENDA OF FEBRUARY 9, 2016)

This is to provide the Board with the final report on the information requested in the February 9, 2016 Board Motion on Domestic Violence (DV) and Homelessness. The Board directed this Office to work with the Departments of Public Social Services (DPSS), Children and Family Services (DCFS), Health Services (DHS), Mental Health (DMH), and Public Health (DPH), the Los Angeles Homeless Services Authority (LAHSA), the Housing Authority of the County of Los Angeles, the Los Angeles County Domestic Violence Council and homeless and domestic violence service providers to collect a wide range of information pertaining to the intersection of domestic violence and homelessness.

In our first response on May 9, 2016, this Office along with the aforementioned departments (County Team), Domestic Violence Council, and Homeless and Domestic Violence Service Providers (Service Providers), hereafter referred to as DV Workgroup, provided final responses on deliverables 1, 4, 6, 7 and 8 of the Board Motion and agreed to report back on September 9, 2016 on deliverables 2, 3, and 5. In our second response on September 9, 2016, we provided an update on deliverables 2, 3, and 5 and agreed to provide the final response on these pending deliverables in this report.

Throughout this period, the DV Workgroup has continued to collaborate to discuss the intersection of DV and Homelessness, particularly as it relates to deliverables 2, 3, and 5, and this final response includes recommendations related to each of these deliverables. Additionally, through this final response, the DV Workgroup also makes a series of recommendations to strengthen the DV Services Delivery System in Los Angeles County as a means to prevent and/or reduce the occurrence of homelessness and/or domestic violence/intimate partner violence (DV/IPV) in the County.

Attachments I - V provide the final response and DV Workgroup recommendations on each of the following three pending deliverables identified in the Board Motion (numbered according to February 9, 2016 Board Motion):

2) A review of current assessment tools and procedures for identifying domestic violence among individuals and families served through DPSS, DCFS, DMH, DHS, DPH, LAHSA, the Homeless Families Solutions System and any recommended strategies if needed to strengthen or create new assessment tools and procedures for some or all of these departments (Attachments I and II);

3) A review of current procedures to provide appropriate support and linkage to domestic violence services for clients identified as being the victims of domestic violence and any recommended strategies to strengthen or develop new efforts for some or all of these departments (Attachment III - V); and

5) A set of strategies for strengthening collaboration between domestic violence providers and homeless service providers, including the feasibility of a convening to explore and document best practices for restoring families to safety and self-sufficiency (Attachment VI).

Attachment VII provides broader recommendations developed by the DV Workgroup regarding how the County could most effectively address DV/IPV as a means to prevent and/or reduce the occurrence of homelessness and/or DV/IPV.

If you have any questions, please contact Phil Ansell, Homeless Initiative Director, at 213-974-1752 or pansell@ceo.lacounty.gov.

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Attachments

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Public Social Services

2. A review of current assessment tools and procedures for identifying domestic violence among individuals and families served through DPSS, DCFS, LAHSA, DMH, DHS, DPH, the Homeless Families Solutions System, and any recommended strategies if needed to strengthen or create new assessment tools and procedures for some or all of those departments

A subgroup of the DV Workgroup convened on a total of six occasions to assess deliverable 2 which involved a review of current assessment tools and procedures for identifying domestic violence/intimate partner violence (DV/IPV) among individuals and families served through DPSS, DCFS, LAHSA, DMH, DHS, DPH, and the Homeless Families Solutions System(HFSS). The subgroup included representatives from the DV community, the homeless service provider community, LAHSA and each of the departments listed above.

In regards to screening tools, the subgroup worked very diligently to identify some common key questions that could be used by the identified departments/agencies to better identify victims of DV/IPV. To come up with the recommended set of questions, the DV Subgroup members looked at a number of evidence-based screening tools, best practices and available research, and concluded that five screening questions adapted from these validated and/or evidence-based tools are best suited to encourage the identification of DV/IPV (please refer to Attachment II, Screening Questions to Identify DV/IPV). Based on this assessment, the DV Workgroup recommends the following:

1. Recommend that at DPSS, DCFS, DMH, DHS and DPH, and LAHSA, including the HFSS, where DV/IPV screening currently occurs, in at least one geographic area or office, LAHSA and departments implement a one-year pilot where the five identified screening questions will replace any existing screening tools used by the department/agency and the department/agency will collect data on the number of individuals who respond affirmatively to any question. Additionally, all clients will be provided with the County of Los Angeles 24-hour DV Hotline Phone Number (800-978-3600) via a DV/IPV **"Safety Card."

    a. In instances where there are barriers to changing the screening tool due to regulatory or funding requirements, departments should explore securing approval from the control agency to use the five identified screening questions.

2. Recommend that in the above departments and LAHSA, where DV/IPV Screening is currently not done, LAHSA and departments identify one geographic area or office, and implement a one-year pilot where staff will present a DV/IPV **"Screening Card" with the five identified screening questions to all clients served in person. All clients will be provided with the County of

Los Angeles 24-hour DV Hotline Phone Number (800-978-3600) via a DV/IPV **"Screening Card."

3. DV Council should work with DV/IPV experts on the development of the following on-line training modules: One module on DV/IPV that could be used by County staff to increase awareness, as referenced in the attached LA County "Core Values for Preventing, Identifying, and Addressing DV/IPV" Document, and a second module to provide instruction to staff in pilot offices on providing either the actual DV/IPV Screening or the DV/IPV **"Screening Card" and the DV/IPV **Safety Card" and referrals to DV/IPV services.

4. Based on the effectiveness of departmental pilots where the new DV/IPV Screening Tool, DV/IPV **"Screening Card" and DV/IPV **"Safety Card" are used, explore expansion of the Screening Tool,**"Screening Card" and **"Safety Card" throughout the departments which participate in the pilots addressed in recommendations one and two, and to other public contact departments as recommended by the DV Council. Effectiveness should be determined by tracking the increase in number of calls to DV hotline and the number of referrals made by county departments. Appropriate training and technical assistance shall accompany any expansion.

** The DV/IPV "Screening Card" and "Safety Card" do not currently exist but the DV Workgroup has recommended they be developed as part of the work being done in response to the 10/18/16 Board Motion by Supervisors Solis and Kuehl (Agenda Item #3).

Screening Questions to Identify Domestic Violence/Intimate Partner Violence*

Instructions to the person conducting the screening:

- Interview the individual in a private/separate area if possible or out of sight/hearing of other people.
- Be sensitive of the individual's fears, embarrassment and/or confusion.
- Be aware of the person's body language (eye contact, signs of anxiety or fear, flinching, etc.).
- Assure the individual that you are only asking these questions to see if you can offer help. Let them know that there are numerous resources available at no or low cost to help if he/she is experiencing any of the issues below.

1. Do you feel unsafe or afraid in your current relationship?
   ____ Yes _____ No
2. Is there a partner from a previous relationship who is making you feel unsafe right now?
   ____ Yes _____ No
3. Has a partner (current or past) abused you emotionally? For example, has your partner made you feel worthless, threatened, humiliated, or isolated/controlled you?
   ____ Yes _____ No
4. Has a partner (current or past) abused you physically? For example, has your partner hit, kicked, punched, shoved, slapped, grabbed you around the neck or otherwise hurt you?
   ____ Yes _____ No
5. Has your partner (current or past) forced you to do something sexually that you did not want to do?
   ____ Yes _____ No

Next Steps:

If the person answers affirmatively to any of the above questions, provide a referral to County of Los Angeles 24-hour DV Hotline (800-978-3600) and offer a private space to initiate the call if the person so desires. Let the person know that when calling the DV Hotline, she/he will need to enter the zip code of where she/he is located and she/he will be connected to an agency that will provide resources to help. In all instances, the person shall be provided the DV "Screening/Safety Card" to take with her/him.

*Questions adapted from: US Preventive Services Task Force DV/IPV Validated Screening Tools; Family Violence Prevention Fund- National consensus guidelines on identifying and responding to domestic violence victimization in health care settings, 2004; Family Violence Prevention Fund- Creating Futures without Violence; and Reproductive health and partner violence guidelines: An Integrated response to intimate partner violence and reproductive coercion, 2010.

3. A review of current procedures to provide appropriate support and linkage to domestic violence services for clients identified as being the victims of domestic violence and any recommended strategies to strengthen or develop new efforts for some or all of these departments;

The subgroup of the DV Workgroup convened on a total of six occasions to assess item number 3 which involved a review of current procedures for providing appropriate support and linkage to DV services. The subgroup included representatives from the DV community, the homeless service provider community, LAHSA, DMH, DHS, DPH, DCFS, LASD, and DPSS.

The DV Workgroup had very rich discussions about best practices and the various ways LAHSA and County Departments respond to Domestic Violence/Intimate Partner Violence (DV/IPV). Because of the very diverse opportunities for encountering a victim of DV/IPV, it is nearly impossible to provide specific recommendations that can be applied universally to all systems. As such, the DV Workgroup developed a common framework of values in relation to which LAHSA and County Departments can assess their DV/IPV response. The Los Angeles (LA) County "Core Values for Preventing, Identifying and Addressing DV/IPV" (Attachment IV) conveys the recommended values and practices for how the County Departments/mainstream systems respond to DV/IPV.

The "Core Values for Preventing, Identifying and Addressing DV/IPV" was modeled after the Guidelines for the Effective Response to Domestic Abuse (GERDA) which is Los Angeles County's approved protocol for the response to children exposed to Domestic Violence. The GERDA provides a comprehensive protocol that was developed by various experts in the DV community, many of whom are part of the DV Workgroup.

Therefore, the DV Workgroup recommends the following:

1) The Board adopt the attached LA County "Core Values for Preventing, Identifying and Addressing DV/IPV" to enhance the service delivery system for victims of DV/IPV.

2) Direct County Departments and LAHSA to complete a self-assessment checklist to identify the extent to which the LAHSA and Departments response to DV/IPV is following the adopted LA County "Core Values for Preventing, Identifying and Addressing DV/IPV."

3) Direct County Departments and LAHSA to report back to the DV Council. The LAHSA and Departments will identify any gaps and develop a plan and timeline for ensuring that their DV/IPV services and/or training curricula model the core values of the County. County Departments and LAHSA will provide as part of the report back to the DV Council, the Self-Assessment Checklist (Attachment V), plan and timeline for any action needed to strengthen the Departments response to DV.

Los Angeles County Core Values for Preventing, Identifying, and Addressing Domestic Violence/Intimate Partner Violence

Victims of domestic/intimate partner violence (DV/IPV) may experience severe consequences to their mental, reproductive, social, and physical health including death and injuries caused by trauma.[1] People who experience or are exposed to one form of violence are at higher risk for being a victim of other forms of violence or inflicting harm on others.[2] Comprehensive prevention efforts, coupled with early intervention for those experiencing IPV, can alleviate many of these negative effects.[3]

Historically, violence prevention efforts have addressed child abuse, DV/IPV, community and gang violence as independent issues with little or no connection. However, multiple forms of violence often share the same root causes and are interconnected, with significant impacts on individuals, families, and the community. Research and practice have shown that in order to maximize the effectiveness of violence prevention efforts, it is essential to address violence across the lifespan and recognize these connections.[2] Successful prevention and early intervention in Los Angeles County require a strong commitment to collaboration and partnership among County Departments and community-based providers.

The core values delineated here serve as the foundation of recommended best practices. They are intended to accompany existing or newly developed policies and protocols within County Departments and can apply to both County and community providers. Maintaining organizational commitment to these core values and their inclusion in a protocol and in implementation can help ensure that County Departments and community-based providers are actively working together to prevent violence and meet the immediate/long-term safety and emotional needs of victims.

The intent of this document is to outline best practices for Los Angeles County Departments and community providers to prevent, identify and address DV/IPV.

CORE VALUES

These core values reflect an approach commonly referred to as Trauma-Informed, which aims to promote recovery and minimize the chance of re-victimization. This approach has been shown to be effective in ensuring the health and safety of victims and preventing future

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[1] Centers for Disease Control and Prevention. Intimate partner violence: consequences. Injury Prevention and Control Division. Retrieved from: http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html

[2] Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

[3] Centers for Disease Control and Prevention. Intimate partner violence: prevention strategies. Injury Prevention and Control Division. Retrieved from: http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/prevention.html

violence.[4] Key principles of a Trauma-Informed Approach include safety, trustworthiness and transparency; peer support, collaboration and mutuality; empowerment, voice, and choice; and attentiveness to cultural, historical, and gender issues.[5] Incorporating trauma awareness, knowledge, and skills into organizational cultures, practices, and policies will facilitate and support the recovery and resiliency of victims/survivors.

Collaboration

The ability to work together formally or informally through ongoing communication and demonstrated mutual respect is the cornerstone of any effective collaborative response. It is only through collaboration that agencies establish consistency in their response to victims and/ or survivors. Collaborators in this effort include both County Department representatives and community partners.

Assessment/ Screening

Each agency should create detailed step-by-step procedural guidelines or protocols, to maximize the effectiveness of screening and assessments made by public contact staff, first responders and other direct service providers. The guidelines should be Trauma-Informed and evidence-based wherever possible, grounded in a solid understanding of the dynamics of DV/IPV, core elements of safety planning, importance of interagency collaboration, and consistent documentation.

In addition, agencies should realize that existing evidence-based tools used to screen for DV/IPV may not necessarily lead to the identification of victims at high risk. Therefore, a non-disclosure driven approach (one which does not press for a victim's disclosure) is strongly encouraged as victims of DV/IPV are often hesitant to disclose information about traumatic events. A non-disclosure driven approach calls for providing universal education on healthy and safe relationships, and utilizes educational/resource/referral tools that serve as a conversational conduit and resource for clients. Universal education normalizes the conversation and prompts providers to initiate a dialogue.

Training

In order to increase and maintain the capacity of staff, each agency should commit to participating in initial countywide training, developing or adapting an internal training curriculum, and providing periodic cross-training opportunities to other agencies. Without a strong commitment to training and cross-training, these guidelines cannot be implemented successfully or sustained.

Designated staff from all relevant agencies and County Departments should complete DV/IPV training that includes an overview of Trauma-Informed care, general awareness of DV/IPV, the roles of various agencies/parties, California mandated reporting, cultural competency/humility,

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[4] Warshaw, Carol, MD, Sullivan, Cris M., PhD, Rivera, Echo A., MA. A Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors: Report to US. Dept of Health and Human Services, National Center on Domestic Violence, Trauma and Mental Health, February 2013

[5] Substance Abuse and Mental Health Services Administration. Trauma-Informed Approach and Trauma-Specific Interventions: SAMHSA's Six Key Principles of a Trauma-Informed Approach. Retrieved from: http://www.samhsa.gov/nctic/trauma-interventions

and a non-disclosure/universal education approach. The training should be delivered through a combination of webinars, in-person training, and via a train-the-trainers format with the intent of developing and identifying DV/IPV experts and leaders inside a particular department or agency. To maintain consistency, examples of effective curricula will be made available to the designated trainees for use within their own department or agency.

This mandated ongoing training and re-training will incorporate an evaluation component to determine its effectiveness. The goal of countywide training will be to build capacity for an effective client-centered response to DV/IPV and an organizational commitment to these core values and best practices within each department or agency. The elements for this training should include:

- Development and implementation of a policy regarding response to DV/IPV;
- Establishing a countywide multidisciplinary curriculum committee to look at best practices;
- Instituting DV/IPV training using a Trauma-Informed Approach and developing a mechanism for ensuring training for newly hired staff and retraining of current staff;
- Ensuring interview techniques include non-blaming language, and incorporate a strengths-based, non-disclosure driven/universal education approach, when appropriate;
- Providing relevant resource referrals to clients, and establishing systems for "warm hand-offs" to appropriate providers;
- Implementing a plan to cross-train all community stakeholders that interface with the individual department or agency; and
- Evaluating departmental and countywide progress.

Prevention

Investing in a strengths-based and empowerment philosophy that promotes healthy behaviors in relationships while incorporating best practices and evidenced-based prevention strategies can result in healthier relationships, greater academic success, decreased rates of chronic disease and mental health problems, and improvement in overall health status.[6] There are multiple evidence-based and best practice strategies available that are youth, parent and couples-focused, and are aimed at changing knowledge, attitudes, and behaviors while contributing to ending the intergenerational cycle of violence.

DV/IPV primary prevention is the attempt to reduce the likelihood of intimate partner violence from occurring before an instance of violence ever takes place. DV/IPV secondary prevention refers to the identification, intervention and immediate response for those who are at risk, including survivors, and providing resources and support.

Since there is no one cause of domestic/intimate partner violence, there is no one solution. The primary prevention framework utilizes the Center for Disease Control (CDC) recommended social-ecological model to understand the complex interactions between various factors that

[6] Centers for Disease Control and Prevention: Morbidity and Mortality Weekly Report (MMWR): CDC Grand Rounds: A Public Health Approach to Prevention of Intimate Partner Violence. Retrieved from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6302a4.htm

influence DV/IPV at different levels- individual, relationship, community, and societal, while also taking into consideration the high levels of exposure to multiple forms of violence by those at risk of and survivors of DV/IPV.[7]

Client-Centered Focus/Practice

The key immediate response is to stop the violence and, as possible, prevent any future violence from occurring. This can be accomplished by removing the abuser (or holding the abuser accountable) and appropriately serving the victim. The overriding principle is to support the victim and ensure that care is client-centered. A client-centered approach is based on the strengths/assets of a particular client, and understanding the client is the expert regarding his/her own situation. The approach focuses primarily on the beneficial or helpful aspects of a survivor's actions that promote safety rather than looking at the deficiencies, which might result in re-traumatization. The focus of the response and subsequent interventions should include effectively referring the victim to appropriate care and support.

Cultural and Linguistic Competency/Humility

While respecting and being sensitive to cultural differences, one should not minimize the seriousness of, nor condone, the use of violence. It is critical that public contact staff and professional responders have an understanding of how culture, language, religion, disability, community norms, sexual orientation, gender identification, or other social constraints impact the adult victim's choices and create possible barriers to accessing services. Public contact staff, first responders and service providers should be aware of their own cultural and religious biases that can interfere with their ability to follow the protocol, complete an accurate assessment, or develop effective interventions. In addition, attention to the primary language spoken in the home is essential for a thorough and accurate assessment.

There are many cultural and linguistic aspects of abusive relationships that do not translate well into other languages. For example, some languages do not have the vocabulary for "sexual assault" or "rape", while in some cultures, the concept of spousal or marital rape does not exist. It is never a good practice or policy to use family members, particularly children, to translate in abuse cases and this practice is strongly discouraged.

Promotion of Safety

Interventions utilized provide victims the utmost safety consideration through the entire assessment, response, investigation and intervention process. Securing the safety of the victim and/or children should be the focus of all work, and assessments should not re-victimize the victim. Effective safety plans must incorporate all relevant elements of the orders and plans for each responding agency.

All responding parties have an obligation to become knowledgeable about all existing court orders such as Restraining Orders, Stay Away Orders, Arrest Warrants, Visitation Orders, etc. It is important that the orders of all courts be consistent with one another and ensure the highest

[7] Maryland Network Against Domestic Violence. Primary Prevention: The Social-Ecological Model. Retrieved from: http://mnadv.org/about-domestic-violence/primary-prevention/

level of safety for the victim and/or children. It is important to remember that the batterer may continue to victimize the partner and make the children pawns through minor and/or egregious violations of any court orders.

Responders and service providers must not substitute their own beliefs of what constitutes safety for that of the victim/survivor. When making recommendations to the victim, (such as a restraining order, fleeing to shelter, etc.) asking the question "How would your abuser react to this if you took this action?" is critical so that further escalation of the violence can be avoided. The victim will have a better understanding of what triggers the abuser's violence and anger than responders or providers.

Confidentiality

It is expected that the safe location of the victim is to remain absolutely confidential in all communication and documentation between agencies and within the various court systems. This confidentiality also includes any location where the victim receives support services or engages in daily routines. California law requires shelter-based domestic violence victim service organizations to maintain a confidential location. Any breach of confidentiality places the victim, children and domestic violence support staff at risk and must be taken seriously and new safety measures put into place.

In terms of communication about the family among and within departments and agencies, confidentiality limitations need to be recognized. Due to state reporting requirements, limits of confidentiality should also be shared with the victim. The victim must approve of any communication that takes place. Victims need to be informed how best to communicate with other agencies and how to waive confidentiality if they so choose. The guiding principle should be the safety of the victim and the children. That is, if one of the stakeholder agencies learns of information that impacts the safety and well-being of the victim and children, they should be required to share that information with the victim, inform the victim of any legal mandate to cross-report, and provide referrals to appropriate advocacy agencies.

Workforce Health

It is also important to remember that those working with victims/survivors experience constant exposure to traumatic experiences, thereby negatively impacting their own well-being, with many suffering from vicarious trauma. Therefore, agency protocols should include strategies to promote resiliency and reduce or prevent these negative effects, thereby creating a healthier workforce and environment.

Conclusion

An effective systemic response to domestic violence/intimate partner violence requires comprehensive countywide efforts. Implementation of proven prevention and intervention strategies includes utilizing Trauma-Informed care, a non-disclosure approach, and evidence-based screening. Promotion of safety and confidentiality with linkage to support services via interagency collaboration ensures that care is client-centered. Similarly, the Los Angeles

County workforce should receive appropriate DV/IPV related training including safeguards to protect their own health.

Glossary of Terms

Domestic Violence/Intimate Partner Violence (DV/IPV)- The term intimate partner violence (IPV) is used to describe physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. The term domestic violence (DV) has been previously used to describe this same pattern of abusive behavior; however, in DV the relationship between the batterer/survivor may go beyond a current/former intimate partner, and include other domestic relationships. Many materials and publications still use the term DV when referring to IPV. For clarity purposes, the combined term Domestic Violence/Intimate Partner Violence (DV/IPV) is used in this Core Values document.

Educational/Resource/Referral Tools- Client education/resource/referral tools let clients know how to keep themselves safe. Some tools are designed to help victims/survivors recognize how their intimate relationships may impact their health, including how their partner treats them, identifying dynamics of healthy relationships and signs that may indicate abuse. All tools include resource and/or referral information such as the Domestic Violence Hotline.

Non-Disclosure Approach- Department staff must be nonjudgmental, listen, and offer information and support to clients. Often times, clients may not disclose experiences of trauma due to fear of consequences, mistrust of systems, a desire for violence to end but not the relationship, and a potential loss of support.[8]

Primary Prevention- Activities that take place before sexual violence has occurred to prevent initial perpetration or victimization. Primary Prevention efforts are guided by theory, strategy, and evaluation. Primary prevention utilizes a public health framework, which consists of a systematic four step process that defines the problem of IPV, identifies factors that contribute to or alleviate the problem, develops potential solutions, and evaluates and implements those successful solutions.

Protective Factors- Conditions or characteristics that decrease the likelihood of SV/IPV perpetration, while also facilitating a broad range of related positive outcomes. A single protective factor does not necessarily directly prevent SV/IPV, but the presence of multiple protective factors decreases the chance of perpetration. Protective factors can be characteristics of an individual or conditions present in the environment. Protective factors that can reduce the risk of violence include but are not limited to: completion of secondary education; economic autonomy and access to skills training, credit and employment; and access to support groups.

Resiliency- The maintenance of healthy/successful functioning or adaptation within the context of a significant adversity, threat, trauma, or tragedy. Resiliency is the capability of individuals to cope successfully in the face of significant change, adversity, or risk.

Risk Factors- Are conditions or characteristics that increase the likelihood of SV/IPV perpetration. Risk factors do not necessarily directly cause SV/IPV, but their presence increases the chance of perpetration. Risk factors can be characteristics of an individual or conditions present in the environment. Risk factors increase the risk of violence and can include but are not limited to: witnessing or experiencing abuse as a child, substance abuse, low levels of education, and lack of economic opportunity.

Secondary Prevention- Identification, intervention, and immediate response for those at risk or after the sexual violence has occurred. This includes evidence based screening and linkage to support services.

Social Ecological Model- This model considers the complex interplay between the individual, relationship, community, and societal factors. It allows us to understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence.

Train-the-trainer- This model enables experienced personnel to show a less-experienced instructor how to deliver courses, workshops and seminars. Usually, a new instructor first observes a training event led by the course designer or subject-matter expert. A train-the-trainer workshop can build a pool of competent instructors who can then teach the material to other people. This ensures that employees get timely training to complete tasks according to policies and procedures.

Trauma Informed Care (TIC)- A strengths-based framework that emphasizes understanding, compassion, and responding to the effects of all types of trauma. TIC seeks to engage people with histories of trauma while recognizing the presence of trauma symptoms, acknowledging the role that trauma has played in their lives, and ultimately avoiding re-victimization of the client. Utilizing a trauma-informed approach provides a framework to inform and guide direct service providers to serve individuals who have experienced traumatic events like DV/IPV.

Universal Education- Provides an opportunity for all clients to make the connection between violence, health problems, and risk behaviors. Universal Education is used to provide DV/IPV educational resources and support services to all clients, increasing safety and improving clinical and social outcomes. Universal education and educational/resource/referral tools serve to normalize the conversation, and prompt providers to initiate a dialogue by providing questions for clients to ask themselves about their own relationships and by providing resources for clients.[8] Screening without universal education has been proven to be less effective.[9]

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[8] Miller, E., Decker, M.R, McCauley, H. L., Tancredi, D.J., Levenson, R.R., Waldman, J., Schoenwald, P., and Silver-man, J.G. (2011). A family planning clinic partner violence intervention to reduce risk associated with reproductive coercion. Contraception, 83 (3), 274-280.

[9] Futures Without Violence (2015). Beyond Screening: A Patient-Centered Approach to Intimate Partner Violence [PowerPoint slides]. Retrieved from https://s3.amazonaws.com/fwvcorp/wp-content/uploads/20160406142635/Beyond-Screening_April42016.pdf

Vicarious Trauma- The transformation in the self that results from empathic engagement with traumatized clients or "the cost of caring". It is the emotional remains of exposure that providers have from working with people as they are hearing trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured. It also commonly referred to as compassion fatigue, secondary traumatic stress, and secondary victimization.

Los Angeles County
Core Values to Prevent, Identify, and Address Domestic Violence/Intimate Partner Violence
Self-Assessment Checklist

Department of _____

Date Completed _____ **Responsible Person** _____

Responsible Person's Email _____ **Responsible Person's Phone #** _____

This checklist is designed to help County Departments determine whether:

1. The Department's Domestic Violence/Intimate Partner Violence response complies with the values and recommended practices outlined in the Core Values document.
2. Progress is being made toward achieving an effective policy, useful protocols, and adequate capacity to address Domestic Violence/Intimate Partner Violence.
3. Technical assistance is needed at any stage of the development, implementation, and maintenance of the Core Values.

Please take a few minutes to complete this checklist. Thank you in advance for your participation.

1. Does your Department have a formal policy regarding Domestic Violence/Intimate Partner Violence (DV/IPV)?
   ☐ Yes ☐ No
2. Does your Department have a DV/IPV response protocol in place for staff? ☐ Yes ☐ No
   a. Direct service providers ☐ Yes ☐ No
   b. Other staff ☐ Yes ☐ No
3. The DV/IPV protocol is:
   a. Trauma informed ☐ Yes ☐ No
   b. Client centered ☐ Yes ☐ No
   c. Focused on safety ☐ Yes ☐ No
   d. Attentive to cultural differences ☐ Yes ☐ No
   e. Attentive to the effects of vicarious trauma ☐ Yes ☐ No
4. To develop this protocol, the Department worked with:
   a. County Departments ☐ Yes ☐ No
      i. Which Departments? _____
   b. Community agencies ☐ Yes ☐ No
      i. Which agencies? _____
5. Does your Department use one or more DV/IPV screening tools? ☐ Yes ☐ No
   a. Are these tools required by a funding agency? ☐ Yes ☐ No ☐ N/A
   b. Are these tools evidence-based? ☐ Yes ☐ No ☐ Not sure ☐ N/A
6. Does your Department utilize the following tools in any settings? (Please check all that apply)
   a. Safety cards/resource cards/referral cards ☐ Yes ☐ No
   b. Other educational materials ☐ Yes ☐ No
   c. If yes to any of the above, in which settings are these tools used?
7. Does your Department utilize a non-disclosure approach (i.e. one which does not press for a victim's disclosure) in any settings?
   ☐ Yes ☐ No
   a. If yes, in which settings?

Los Angeles County
Core Values to Prevent, Identify, and Address Domestic Violence/Intimate Partner Violence
Self-Assessment Checklist

8. Does your Department utilize universal education (i.e. education provided to all clients to normalize the conversation and provide an opportunity for dialogue) in any settings? ☐ Yes ☐ No
   a. If yes, in which settings?

9. Does your Department have an internal DV/IPV training and re-training plan? ☐ Yes ☐ No

10. Does your Department have an internal DV/IPV curriculum? ☐ Yes ☐ No

11. Does your Department have designated staff to provide DV/IPV training? ☐ Yes ☐ No
    a. If yes, how many? ____

12. How are your trainings delivered?
    a. ☐ In person
    b. ☐ Webinar
    c. ☐ Other: _____
    d. ☐ Have not had a training so far

13. Has your Department provided DV/IPV cross-training to other County Departments? ☐ Yes ☐ No
    a. Which Departments? _____

14. Has your Department received DV/IPV cross-training from other County Departments? ☐ Yes ☐ No
    b. Which Departments? _____

15. Are you having any difficulties integrating the Core Values to Prevent, Identify, and Address DV/IPV in your Department's policies/protocols/guidelines? ☐ Yes ☐ No
    a. If yes, in what areas?

16. Do you need technical assistance? ☐ Yes ☐ No
    b. If yes, in what areas?

Additional Feedback

Please share any additional comments.

5. A set of strategies for strengthening collaboration between domestic violence providers and homeless service providers, including the feasibility of convening to explore and document best practices for restoring families to safety and self-sufficiency

The Los Angeles Homeless Services Authority (LAHSA) continues to lead the effort around strategies to strengthen the collaboration between domestic violence/intimate partner violence (DV/IPV) providers and homeless service providers.

On August 26, 2016, LAHSA convened a group of stakeholders from the DV/IPV service delivery system and the homeless service delivery system. The discussion focused on identifying strengths, weaknesses, and opportunities regarding how the two systems intersect, resulting in support for systems change efforts. There was consensus support for a future large-scale convening between the two stakeholder groups that would essentially function as a forum to engage in systems alignment work. A workgroup formed to continue the discussion and plan such a convening.

On October 24, 2016, the workgroup met to identify the next steps in regard to planning a convening of DV/IPV and homeless service providers. The workgroup consisted of representatives from LAHSA, Downtown Women's Center (DWC), Rainbow Services, and others. DWC and Rainbow Services each have received public and/or foundation support (through California Office of Emergency Services and the Hilton Foundation) to examine and strengthen system efforts related to the intersection of domestic violence and homelessness. The workgroup determined a steering committee should be formed to guide the systems change efforts, and help frame the agenda for a large-scale convening. The workgroup is currently identifying members of the steering committee and will meet in February 2017 with the intention of identifying gaps, opportunities for further work, and planning a domestic violence/homelessness convening during fall 2017.

Additionally, LAHSA and a representative group of stakeholders from the DV/IPV and homeless delivery systems have been working with the National Alliance for Safe Housing (Alliance) regarding opportunities for technical assistance in enhancing the relationship between the homeless and DV/IPV service provider community. As a result, the Alliance conducted a Safe Housing Needs Assessment on opportunities to enhance the intersection between homeless and DV/IPV service providers.

This needs assessment was conducted with Los Angeles County homeless and DV/IPV service providers. The Alliance is now following up with phone interviews of representatives of select respondents of the DV/IPV and homeless service delivery systems. The Alliance anticipates providing recommendations on how to strengthen the collaboration between both systems in early 2017. The Alliance has also indicated that they may be available to provide additional Technical Assistance (TA) and Training based on the results.

Recommendations on how the broader issues of Domestic Violence/Intimate Partner Violence (DV/IPV)) can be most effectively addressed within the County as a means to prevent and/or reduce the occurrence of homelessness and/or domestic violence.

Much of the discussion of the DV Workgroup was around the broader issue of systemic gaps impacting DV/IPV coordination, access and services. Based on this in-depth discussion around the very complex issues of homelessness and domestic violence, the following recommendations were developed to prevent and/or reduce the occurrence of homelessness and/or domestic violence.

1) Recommend the Executive Office and Chief Executive Office (CEO) assess the structure, by-laws, budget and staffing of the DV Council and direct the Executive Office and the CEO to report back to the Board with recommendations to ensure the work of the DV Council and its stated mission are aligned.

2) Recommend the Executive Office survey the membership of the DV Council to ensure attendance by appropriate departmental representatives.

3) Direct the Chief Information Officer and the DV Council to work with County departments to assess the feasibility of collecting aggregate data related to identification of DV/IPV.

4) Direct the Chief Executive Office to conduct an assessment of current County funding for domestic violence services.